

SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
18,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	13,126	174,320	\$ 5,635,623.81	\$ 32.33	9.175	\$ 429.35	\$ 296.63		
@PHYSICIANS SERVICES	2,487	8,374	\$ 118,809.91	\$ 14.19	.441	\$ 47.77	\$ 6.25		
OUTPATIENT VISITS	78	149	3,885.41	26.08	.008	49.81	.20		
OFFICE VISITS	61	73	2,722.89	37.30	.004	44.64	.14		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	12	13	772.69	59.44	.001	64.39	.04		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	6	63	389.83	6.19	.003	64.97	.02		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	1	9	317.30	35.26	.000	317.30	.02		
HOSPITAL VISITS	1	9	317.30	35.26	.000	317.30	.02		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	15	16	761.12	47.57	.001	50.74	.04		
EXAMINATIONS	14	15	734.65	48.98	.001	52.48	.04		
SERVICES AND MATERIALS	1	1	26.47	26.47	.000	26.47	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	16	38	4,794.11	126.16	.002	299.63	.25		
PRINCIPAL SURGEON	14	26	4,436.00	170.62	.001	316.86	.23		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	3	12	358.11	29.84	.001	119.37	.02		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	19	31	538.78	17.38	.002	28.36	.03		
RADIOLOGY	39	60	2,689.84	44.83	.003	68.97	.14		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	2	4	59.85	14.96	.000	29.93	.00		
OTHER SERVICES/ALL X-OVERS	2,378	8,067	105,763.50	13.11	.425	44.48	5.57		
@PHARMACY	11,054	88,415	\$ 2,371,622.74	\$ 26.82	4.654	\$ 214.55	\$ 124.83		
PRESCRIPTION DRUGS	10,953	37,642	2,293,430.03	60.93	1.981	209.39	120.71		
SNF/ICF	331	1,782	91,880.02	51.56	.094	277.58	4.84		
OUTPATIENTS	10,642	35,860	2,201,550.01	61.39	1.887	206.87	115.88		
MEDICAL SUPPLIES	814	50,773	78,192.71	1.54	2.672	96.06	4.12		
@DENTIST	721	2,656	\$ 133,593.27	\$ 50.30	.140	\$ 185.29	\$ 7.03		
VISITS - DIAGNOSTIC	473	1,590	23,642.01	14.87	.084	49.98	1.24		
ORAL SURGERY	88	243	12,609.83	51.89	.013	143.29	.66		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.02		
PERIODONTICS	29	29	4,440.00	153.10	.002	153.10	.23		
ENDODONTICS	34	47	9,296.00	197.79	.002	273.41	.49		
RESTORATIVE DENTISTRY	166	363	34,565.00	95.22	.019	208.22	1.82		
PROSTHETICS	9	9	150.00	16.67	.000	16.67	.01		
DENTURES, STAYPLATES	139	369	48,590.43	131.68	.019	349.57	2.56		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	2	3	.00	.00	.000	.00	.00		

SONOMA COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----	
18,999 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	342	1,017	\$	17,810.04	\$ 17.51	.054	\$ 52.08	\$.94	
DIAGNOSTIC AND ANC. PROCED	39	45		1,892.59	42.06	.002	48.53	.10	
EYE APPLIANCES	282	827		13,636.79	16.49	.044	48.36	.72	
OTHER OPTOMETRIC SERVICES	67	145		2,280.66	15.73	.008	34.04	.12	
@CHIROPRACTOR	6	16	\$	228.06	\$ 14.25	.001	\$ 38.01	\$.01	
VISITS	3	9		150.48	16.72	.000	50.16	.01	
OTHER SERVICES	3	7		77.58	11.08	.000	25.86	.00	
@PODIATRIST	306	607	\$	5,690.01	\$ 9.37	.032	\$ 18.59	\$.30	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	306	607		5,690.01	9.37	.032	18.59	.30	
@HOME HEALTH AGENCY	2	11	\$	819.76	\$ 74.52	.001	\$ 409.88	\$.04	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,947	8,237	\$	659,798.54	\$ 80.10	.434	\$ 338.88	\$ 34.73	
HOSP INPATIENT TOTAL	222	1,235		506,289.07	409.95	.065	2280.58	26.65	
HSC HOSPITALS	5	28		36,731.33	1311.83	.001	7346.27	1.93	
NON-HSC HOSPITAL TOTAL	44	169		334,899.50	1981.65	.009	7611.35	17.63	
ACCOMMODATIONS	44	169		93,599.68	553.84	.009	2127.27	4.93	
ADMINISTRATIVE DAYS	5	23		3,632.14	157.92	.001	726.43	.19	
TRANSITIONAL IP CARE	0	0		478.24	.00	.000	.00	.03	
ALL OTHER ACCOM	40	146		89,489.30	612.94	.008	2237.23	4.71	
ANCILLARIES	43	0		241,299.82	.00	.000	5611.62	12.70	
INPATIENT CROSSOVERS	173	1,038		134,658.25	129.73	.055	778.37	7.09	
ALL OTHER INPATIENT	0	0		.01CR	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,805	7,002		153,509.47	21.92	.369	85.05	8.08	
MEDICAL	76	123		4,349.09	35.36	.006	57.22	.23	
SURGERY	10	12		554.85	46.24	.001	55.49	.03	
PATHOLOGY	61	222		2,731.56	12.30	.012	44.78	.14	
RADIOLOGY	32	49		4,104.33	83.76	.003	128.26	.22	
ROOM USE	69	108		4,381.07	40.57	.006	63.49	.23	
CROSSOVERS/ALL OTH OUTPTNT	1,718	6,488		137,388.57	21.18	.341	79.97	7.23	
@COUNTY HOSPITAL TOTAL	4	22	\$	7,498.59	\$ 340.85	.001	\$ 1874.65	\$.39	
CO HOSPITAL INPATIENT TOTAL	1	7		7,212.04	1030.29	.000	7212.04	.38	
HSC HOSPITALS	1	7		7,212.04	1030.29	.000	7212.04	.38	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	3	15		286.55	19.10	.001	95.52	.02	
MEDICAL	1	2		35.78	17.89	.000	35.78	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	8		63.62	7.95	.000	63.62	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	187.15	37.43	.000	62.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,595
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SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						AID CODE 10
					----- MONTHLY AVERAGE -----		
18,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,943	8,215	\$ 652,299.95	\$ 79.40	.432	\$ 335.72	\$ 34.33
COMM HOSP INPATIENT TOTAL	221	1,228	499,077.03	406.41	.065	2258.27	26.27
HSC HOSPITALS	4	21	29,519.29	1405.68	.001	7379.82	1.55
NON-HSC HOSPITALS TOTAL	44	169	334,899.50	1981.65	.009	7611.35	17.63
ACCOMMODATIONS	44	169	93,599.68	553.84	.009	2127.27	4.93
ADMINISTRATIVE DAYS	5	23	3,632.14	157.92	.001	726.43	.19
TRANSITIONAL IP CARE	0	0	478.24	.00	.000	.00	.03
ALL OTHER ACCOM	40	146	89,489.30	612.94	.008	2237.23	4.71
ANCILLARIES	43	0	241,299.82	.00	.000	5611.62	12.70
INPATIENT CROSSOVERS	173	1,038	134,658.25	129.73	.055	778.37	7.09
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,802	6,987	153,222.92	21.93	.368	85.03	8.06
MEDICAL	75	121	4,313.31	35.65	.006	57.51	.23
SURGERY	10	12	554.85	46.24	.001	55.49	.03
PATHOLOGY	60	214	2,667.94	12.47	.011	44.47	.14
RADIOLOGY	32	49	4,104.33	83.76	.003	128.26	.22
ROOM USE	69	108	4,381.07	40.57	.006	63.49	.23
CROSSOVERS/ALL OTH OUTPTNT	1,715	6,483	137,201.42	21.16	.341	80.00	7.22
@STATE HOSPITAL	36	1,088	\$ 471,038.55	\$ 432.94	.057	\$ 13084.40	\$ 24.79
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	36	1,088	471,038.55	432.94	.057	13084.40	24.79
@NURSING FACILITY	368	8,968	\$ 1,212,688.81	\$ 135.22	.472	\$ 3295.35	\$ 63.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	368	8,968	1,212,688.81	135.22	.472	3295.35	63.83
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	60	83	\$ 42,268.66	\$ 509.26	.004	\$ 704.48	\$ 2.22
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	60	83	42,268.66	509.26	.004	704.48	2.22
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	32	99	\$ 1,611.14	\$ 16.27	.005	\$ 50.35	\$.08
PATHOLOGY	28	93	1,491.10	16.03	.005	53.25	.08
XO AND OTHERS	4	6	120.04	20.01	.000	30.01	.01
@ORGANIZED OUTPATIENT CLINIC	1,004	1,531	\$ 73,072.19	\$ 47.73	.081	\$ 72.78	\$ 3.85
CLINIC	4	4	93.86	23.47	.000	23.47	.00
SURGICENTER	79	98	16,786.31	171.29	.005	212.48	.88
HEROIN DETOX CLINIC	1	8	120.21	15.03	.000	120.21	.01
RURAL HEALTH CLINIC	923	1,421	56,071.81	39.46	.075	60.75	2.95
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18,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,321	53,218	\$ 526,572.13	\$ 9.89	2.801	\$ 226.87	\$ 27.72
DURABLE MED. EQUIP.	84	213	42,245.34	198.33	.011	502.92	2.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	58	92	12,371.77	134.48	.005	213.31	.65
MEDICAL TRANSPORTATION	401	11,576	57,854.45	5.00	.609	144.28	3.05
AMBULANCES/AIR TRANS	8	55	1,016.52	18.48	.003	127.07	.05
OTHER TRANS	133	8,687	36,261.12	4.17	.457	272.64	1.91
OTHER SERVICES	283	2,834	20,576.81	7.26	.149	72.71	1.08
ACUPUNCTURE	24	70	1,205.68	17.22	.004	50.24	.06
ADULT DAY HEALTH CARE CTR	56	517	34,505.99	66.74	.027	616.18	1.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	580	3,484	231,407.54	66.42	.183	398.98	12.18
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	426	1,023	13,404.06	13.10	.054	31.46	.71
PHYSICAL THERAPIST	4	22	127.85	5.81	.001	31.96	.01
PORTABLE X-RAY	3	9	6.45	.72	.000	2.15	.00
PROSTHETIST/ORTHOTISTS	4	6	135.31	22.55	.000	33.83	.01
PROSTHETICS	4	6	135.31	22.55	.000	33.83	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	14	137.56	9.83	.001	19.65	.01
SPEECH AND AUDIOLOGY	82	183	11,577.88	63.27	.010	141.19	.61
HOSPICE SERVICES	25	626	77,268.46	123.43	.033	3090.74	4.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	944	35,383	44,323.79	1.25	1.862	46.95	2.33
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,700	34,364	\$ 613,782.76	\$ 17.86	1.809	\$ 130.59	\$ 32.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

2,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,843	121,158	\$ 1,736,170.00	\$ 14.33	45.668	\$ 942.03	\$ 654.42
@PHYSICIANS SERVICES	475	1,658	\$ 63,328.69	\$ 38.20	.625	\$ 133.32	\$ 23.87
OUTPATIENT VISITS	186	295	10,717.08	36.33	.111	57.62	4.04
OFFICE VISITS	153	233	7,244.02	31.09	.088	47.35	2.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	47	2,814.29	59.88	.018	74.06	1.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15	658.77	43.92	.006	59.89	.25
INPATIENT VISITS	44	294	10,266.16	34.92	.111	233.32	3.87
HOSPITAL VISITS	43	284	9,076.28	31.96	.107	211.08	3.42
CRITICAL CARE	2	10	1,189.88	118.99	.004	594.94	.45

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	30	38		1,725.04	45.40	.014	57.50	.65
EXAMINATIONS	29	37		1,689.75	45.67	.014	58.27	.64
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	17	83		6,636.52	79.96	.031	390.38	2.50
PRINCIPAL SURGEON	13	19		4,729.82	248.94	.007	363.83	1.78
ASSISTANT SURGEON	1	1		238.27	238.27	.000	238.27	.09
ANESTHESIOLOGIST	9	63		1,668.43	26.48	.024	185.38	.63
OUTPATIENT SURGERY	38	118		9,866.62	83.62	.044	259.65	3.72
PRINCIPAL SURGEON	22	32		6,684.94	208.90	.012	303.86	2.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	86		3,181.68	37.00	.032	176.76	1.20
DIALYSIS	3	20		797.14	39.86	.008	265.71	.30
PATHOLOGY	28	54		844.14	15.63	.020	30.15	.32
RADIOLOGY	72	122		5,927.47	48.59	.046	82.33	2.23
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	13		424.75	32.67	.005	53.09	.16
OTHER SERVICES/ALL X-OVERS	248	621		16,123.77	25.96	.234	65.02	6.08
@PHARMACY	1,477	37,145	\$	439,202.43	\$ 11.82	14.001	\$ 297.36	\$ 165.55
PRESCRIPTION DRUGS	1,447	5,927		390,342.52	65.86	2.234	269.76	147.13
SNF/ICF	18	114		6,867.50	60.24	.043	381.53	2.59
OUTPATIENTS	1,432	5,813		383,475.02	65.97	2.191	267.79	144.54
MEDICAL SUPPLIES	261	31,218		48,859.91	1.57	11.767	187.20	18.42
@DENTIST	133	504	\$	23,728.50	\$ 47.08	.190	\$ 178.41	\$ 8.94
VISITS - DIAGNOSTIC	96	311		4,898.00	15.75	.117	51.02	1.85
ORAL SURGERY	19	71		3,647.00	51.37	.027	191.95	1.37
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.04
PERIODONTICS	6	13		1,680.00	129.23	.005	280.00	.63
ENDODONTICS	6	10		2,580.00	258.00	.004	430.00	.97
RESTORATIVE DENTISTRY	30	67		6,020.50	89.86	.025	200.68	2.27
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	12	29	4,773.00	164.59	.011	397.75	1.80
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,598
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

2,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	61	\$ 2,815.46	\$ 46.16	.023	\$ 108.29	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	5	5	230.80	46.16	.002	46.16	.09
EYE APPLIANCES	16	48	2,114.82	44.06	.018	132.18	.80
OTHER OPTOMETRIC SERVICES	7	8	469.84	58.73	.003	67.12	.18
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	43	77	\$ 598.78	\$ 7.78	.029	\$ 13.93	\$.23
MEDICINE/INJECTIONS	7	8	210.00	26.25	.003	30.00	.08
SURGERY/ANES.	1	1	27.18	27.18	.000	27.18	.01
RADIO./PATHOLOGY	2	3	60.54	20.18	.001	30.27	.02
OTHER	36	65	301.06	4.63	.025	8.36	.11
@HOME HEALTH AGENCY	54	4,243	\$ 139,343.02	\$ 32.84	1.599	\$ 2580.43	\$ 52.52
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	434	3,104	\$ 428,484.68	\$ 138.04	1.170	\$ 987.29	\$ 161.51
HOSP INPATIENT TOTAL	52	275	367,835.13	1337.58	.104	7073.75	138.65
HSC HOSPITALS	4	22	35,910.00	1632.27	.008	8977.50	13.54
NON-HSC HOSPITAL TOTAL	22	142	310,217.69	2184.63	.054	14100.80	116.93
ACCOMMODATIONS	22	142	75,207.51	529.63	.054	3418.52	28.35
ADMINISTRATIVE DAYS	6	35	7,780.20	222.29	.013	1296.70	2.93
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	107	67,427.31	630.16	.040	3548.81	25.42
ANCILLARIES	22	0	235,010.18	.00	.000	10682.28	88.58
INPATIENT CROSSOVERS	26	111	21,707.44	195.56	.042	834.90	8.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	404	2,829	60,649.55	21.44	1.066	150.12	22.86
MEDICAL	120	203	15,202.21	74.89	.077	126.69	5.73
SURGERY	21	25	2,163.03	86.52	.009	103.00	.82
PATHOLOGY	125	826	9,437.60	11.43	.311	75.50	3.56
RADIOLOGY	52	73	3,516.07	48.17	.028	67.62	1.33
ROOM USE	157	243	9,249.88	38.07	.092	58.92	3.49
CROSSOVERS/ALL OTH OUTPTNT	247	1,459	21,080.76	14.45	.550	85.35	7.95
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,599
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						AID CODE 20
					----- MONTHLY AVERAGE -----		
2,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	434	3,104	\$ 428,484.68	\$ 138.04	1.170	\$ 987.29	\$ 161.51
COMM HOSP INPATIENT TOTAL	52	275	367,835.13	1337.58	.104	7073.75	138.65
HSC HOSPITALS	4	22	35,910.00	1632.27	.008	8977.50	13.54
NON-HSC HOSPITALS TOTAL	22	142	310,217.69	2184.63	.054	14100.80	116.93
ACCOMMODATIONS	22	142	75,207.51	529.63	.054	3418.52	28.35
ADMINISTRATIVE DAYS	6	35	7,780.20	222.29	.013	1296.70	2.93
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	107	67,427.31	630.16	.040	3548.81	25.42
ANCILLARIES	22	0	235,010.18	.00	.000	10682.28	88.58
INPATIENT CROSSOVERS	26	111	21,707.44	195.56	.042	834.90	8.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	404	2,829	60,649.55	21.44	1.066	150.12	22.86
MEDICAL	120	203	15,202.21	74.89	.077	126.69	5.73
SURGERY	21	25	2,163.03	86.52	.009	103.00	.82
PATHOLOGY	125	826	9,437.60	11.43	.311	75.50	3.56
RADIOLOGY	52	73	3,516.07	48.17	.028	67.62	1.33
ROOM USE	157	243	9,249.88	38.07	.092	58.92	3.49
CROSSOVERS/ALL OTH OUTPTNT	247	1,459	21,080.76	14.45	.550	85.35	7.95
@STATE HOSPITAL	24	730	\$ 320,123.24	\$ 438.52	.275	\$ 13338.47	\$ 120.66
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	730	320,123.24	438.52	.275	13338.47	120.66
@NURSING FACILITY	20	461	\$ 53,330.13	\$ 115.68	.174	\$ 2666.51	\$ 20.10
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	461	53,330.13	115.68	.174	2666.51	20.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	40	266	\$ 85,788.95	\$ 322.51	.100	\$ 2144.72	\$ 32.34
HOSPITAL BASED	6	153	61,952.40	404.92	.058	10325.40	23.35
HEMODIALYSIS CENTER	34	113	23,836.55	210.94	.043	701.08	8.98
@REHABILITATION FACILITY	25	390	\$ 5,665.70	\$ 14.53	.147	\$ 226.63	\$ 2.14
HOSPITAL BASED	0	1CR	21.76CR	21.76	.000	.00	.01CR
INDEPENDENT FACILITY	25	391	5,687.46	14.55	.147	227.50	2.14
@LABORATORY FACILITY	54	199	\$ 1,926.68	\$ 9.68	.075	\$ 35.68	\$.73
PATHOLOGY	54	199	1,926.68	9.68	.075	35.68	.73
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

UNORGANIZED OUTPATIENT CLINIC	97	148	\$	11,510.29	\$	77.77	.056	\$	118.66	\$	4.34
CLINIC	1	2		90.30		45.15	.001		90.30		.03
SURGICENTER	9	12		1,552.43		129.37	.005		172.49		.59
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	134		9,867.56		73.64	.051		113.42		3.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,600
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

2,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	454	72,172	\$ 160,323.45	\$ 2.22	27.204	\$ 353.14	\$ 60.43
DURABLE MED. EQUIP.	59	238	35,208.87	147.94	.090	596.76	13.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	94	9,891	30,829.31	3.12	3.728	327.97	11.62
AMBULANCES/AIR TRANS	15	128	2,990.18	23.36	.048	199.35	1.13
OTHER TRANS	34	9,219	22,077.00	2.39	3.475	649.32	8.32
OTHER SERVICES	46	544	5,762.13	10.59	.205	125.26	2.17
ACUPUNCTURE	3	14	227.08	16.22	.005	75.69	.09
ADULT DAY HEALTH CARE CTR	12	87	5,816.67	66.86	.033	484.72	2.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF,NF,AIDS,MSSP	120	846	51,060.41	60.36	.319	425.50	19.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	31	77	2,841.69	36.91	.029	91.67	1.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	23	3,288.45	142.98	.009	657.69	1.24
PROSTHETICS	5	23	3,288.45	142.98	.009	657.69	1.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	190.05	38.01	.002	190.05	.07
SPEECH AND AUDIOLOGY	19	52	2,646.95	50.90	.020	139.31	1.00
HOSPICE SERVICES	1	3	467.34	155.78	.001	467.34	.18
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	2,455	12,965.04	5.28	.925	294.66	4.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	157	58,479	14,731.59	.25	22.043	93.83	5.55
@CALIF. CHILDREN SERVICES*	127	4,083	\$ 212,416.09	\$ 52.02	1.539	\$ 1672.57	\$ 80.07
@XOVER EXCLUDING STATE HOSP**	475	7,242	\$ 77,630.05	\$ 10.72	2.730	\$ 163.43	\$ 29.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,601
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

91,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	68,862	1,587,461	\$ 86,526,489.71	\$ 54.51	17.317	\$ 1256.52	\$ 943.86
@PHYSICIANS SERVICES	16,466	59,608	\$ 2,388,567.65	\$ 40.07	.650	\$ 145.06	\$ 26.06
OUTPATIENT VISITS	7,580	11,141	434,869.40	39.03	.122	57.37	4.74
OFFICE VISITS	4,950	6,927	226,620.99	32.72	.076	45.78	2.47
HOME VISITS	116	166	8,990.04	54.16	.002	77.50	.10
EMERGENCY ROOM	2,779	3,752	186,790.06	49.78	.041	67.21	2.04

PREVENTIVE CARE	10	10		424.23	42.42	.000	42.42	.00
OB VISITS/COMPRE PERI	24	66		2,627.13	39.81	.001	109.46	.03
OTHER OUTPATIENT	191	220		9,416.95	42.80	.002	49.30	.10
INPATIENT VISITS	1,353	6,694		338,850.28	50.62	.073	250.44	3.70
HOSPITAL VISITS	1,044	5,168		229,587.40	44.42	.056	219.91	2.50
CRITICAL CARE	152	709		84,114.16	118.64	.008	553.38	.92
SNF/ICF/TRANS IP CARE	291	817		25,148.72	30.78	.009	86.42	.27
OPHTHALMOLOGICAL SERVICES	437	513		22,840.77	44.52	.006	52.27	.25
EXAMINATIONS	436	512		22,805.48	44.54	.006	52.31	.25
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	541	2,961		263,534.03	89.00	.032	487.12	2.87
PRINCIPAL SURGEON	384	589		202,546.10	343.88	.006	527.46	2.21
ASSISTANT SURGEON	29	32		7,183.27	224.48	.000	247.70	.08
ANESTHESIOLOGIST	201	2,340		53,804.66	22.99	.026	267.68	.59
OUTPATIENT SURGERY	1,104	2,969		241,072.37	81.20	.032	218.36	2.63
PRINCIPAL SURGEON	905	1,368		202,205.26	147.81	.015	223.43	2.21
ASSISTANT SURGEON	16	16		1,681.79	105.11	.000	105.11	.02
ANESTHESIOLOGIST	255	1,585		37,185.32	23.46	.017	145.82	.41
DIALYSIS	99	221		29,089.57	131.63	.002	293.83	.32
PATHOLOGY	1,269	2,890		48,103.38	16.64	.032	37.91	.52
RADIOLOGY	3,739	6,835		289,064.98	42.29	.075	77.31	3.15
PSYCHIATRY	15	18		486.28	27.02	.000	32.42	.01
IMMUNIZATION AND INJECTION	469	4,792		357,533.30	74.61	.052	762.33	3.90
OTHER SERVICES/ALL X-OVERS	6,531	20,574		363,123.29	17.65	.224	55.60	3.96
@PHARMACY	55,525	485,164	\$	22,674,522.75	\$ 46.74	5.292	\$ 408.37	\$ 247.34
PRESCRIPTION DRUGS	54,914	242,462		22,021,298.06	90.82	2.645	401.01	240.22
SNF/ICF	1,424	10,055		895,229.85	89.03	.110	628.67	9.77
OUTPATIENTS	53,632	232,407		21,126,068.21	90.90	2.535	393.91	230.45
MEDICAL SUPPLIES	4,351	242,702		653,224.69	2.69	2.647	150.13	7.13
@DENTIST	5,554	22,474	\$	978,550.66	\$ 43.54	.245	\$ 176.19	\$ 10.67
VISITS - DIAGNOSTIC	3,911	14,151		207,913.05	14.69	.154	53.16	2.27
ORAL SURGERY	694	2,107		116,343.14	55.22	.023	167.64	1.27
DRUGS	16	18		154.00	8.56	.000	9.63	.00
ANESTHESIA	43	43		3,980.00	92.56	.000	92.56	.04
PERIODONTICS	254	352		57,229.00	162.58	.004	225.31	.62
ENDODONTICS	226	316		63,442.50	200.77	.003	280.72	.69
RESTORATIVE DENTISTRY	1,618	4,052		351,393.50	86.72	.044	217.18	3.83
PROSTHETICS	59	63		1,575.60	25.01	.001	26.71	.02
DENTURES, STAYPLATES	487	1,263		167,244.35	132.42	.014	343.42	1.82
SPACE MAINTAINERS	2	2		240.00	120.00	.000	120.00	.00
MAXILLOFACIAL SERVICES	9	12		2,304.00	192.00	.000	256.00	.03
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.01
ORTHODONTIC SERVICES	46	61		5,407.22	88.64	.001	117.55	.06
ALL OTHER SERVICES	25	33		124.30	3.77	.000	4.97	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 14,602 01/17/03

91,673 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,791	5,325	\$	112,325.69	\$ 21.09	.058	\$ 62.72	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	752	789		35,716.13	45.27	.009	47.49	.39
EYE APPLIANCES	1,380	4,194		65,745.68	15.68	.046	47.64	.72
OTHER OPTOMETRIC SERVICES	239	342		10,863.88	31.77	.004	45.46	.12
@CHIROPRACTOR	258	566	\$	9,388.16	\$ 16.59	.006	\$ 36.39	\$.10
VISITS	241	540		8,974.46	16.62	.006	37.24	.10

OTHER SERVICES	18	26		413.70		15.91	.000	22.98		.00
@PODIATRIST	1,026	1,681	\$	25,537.92	\$	15.19	.018	\$ 24.89	\$	.28
MEDICINE/INJECTIONS	316	378		9,620.98		25.45	.004	30.45		.10
SURGERY/ANES.	69	101		3,314.63		32.82	.001	48.04		.04
RADIO./PATHOLOGY	20	25		460.18		18.41	.000	23.01		.01
OTHER	682	1,177		12,142.13		10.32	.013	17.80		.13
@HOME HEALTH AGENCY	400	21,013	\$	781,143.24	\$	37.17	.229	\$ 1952.86	\$	8.52
NURSE ANESTHESIST	8	62	\$	309.59	\$	4.99	.001	\$ 38.70	\$	.00
NURSE MIDWIFE	38	328	\$	8,833.77	\$	26.93	.004	\$ 232.47	\$	.10
PEDIATRIC NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.000	\$ 40.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	\$	61.57	\$	15.39	.000	\$ 30.79	\$	.00
@TOTAL HOSPITAL	15,942	85,969	\$	14,427,093.13	\$	167.82	.938	\$ 904.97	\$	157.38
HOSP INPATIENT TOTAL	1,324	9,489		12,279,297.99		1294.06	.104	9274.39		133.95
HSC HOSPITALS	163	1,428		2,133,688.72		1494.18	.016	13090.11		23.27
NON-HSC HOSPITAL TOTAL	735	4,619		9,747,924.00		2110.40	.050	13262.48		106.33
ACCOMMODATIONS	726	4,619		2,805,527.67		607.39	.050	3864.36		30.60
ADMINISTRATIVE DAYS	79	993		207,456.04		208.92	.011	2626.03		2.26
TRANSITIONAL IP CARE	0	0		100.68		.00	.000	.00		.00
ALL OTHER ACCOM	688	3,626		2,597,970.95		716.48	.040	3776.12		28.34
ANCILLARIES	735	0		6,942,396.33		.00	.000	9445.44		75.73
INPATIENT CROSSOVERS	446	3,442		397,685.55		115.54	.038	891.67		4.34
ALL OTHER INPATIENT	1	0		.28CR		.00	.000	.28CR		.00
HOSP OUTPATIENT TOTAL	15,235	76,480		2,147,795.14		28.08	.834	140.98		23.43
MEDICAL	5,466	8,682		331,119.91		38.14	.095	60.58		3.61
SURGERY	941	1,081		54,216.45		50.15	.012	57.62		.59
PATHOLOGY	5,032	20,735		257,013.09		12.40	.226	51.08		2.80
RADIOLOGY	2,991	4,376		378,988.04		86.61	.048	126.71		4.13
ROOM USE	7,537	11,765		465,789.28		39.59	.128	61.80		5.08
CROSSOVERS/ALL OTH OUTPTNT	7,942	29,841		660,668.37		22.14	.326	83.19		7.21
@COUNTY HOSPITAL TOTAL	60	331	\$	25,344.18	\$	76.57	.004	\$ 422.40	\$	.28
CO HOSPITAL INPATIENT TOTAL	6	27		18,406.98		681.74	.000	3067.83		.20
HSC HOSPITALS	5	16		17,872.00		1117.00	.000	3574.40		.19

NON-HSC HOSPITALS TOTAL	0	0	277.02CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	277.02CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	277.02CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11	812.00	73.82	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	54	304	6,937.20	22.82	.003	128.47	.08
MEDICAL	18	32	1,353.56	42.30	.000	75.20	.01
SURGERY	7	8	269.95	33.74	.000	38.56	.00
PATHOLOGY	22	85	1,331.34	15.66	.001	60.52	.01
RADIOLOGY	9	13	697.26	53.64	.000	77.47	.01
ROOM USE	25	39	1,706.40	43.75	.000	68.26	.02
CROSSOVERS/ALL OTH OUTPTNT	31	127	1,578.69	12.43	.001	50.93	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	91,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15,894	85,638	\$	14,401,748.95	\$ 168.17	.934	\$ 906.11	\$ 157.10
COMM HOSP INPATIENT TOTAL	1,318	9,462		12,260,891.01	1295.80	.103	9302.65	133.75
HSC HOSPITALS	158	1,412		2,115,816.72	1498.45	.015	13391.25	23.08
NON-HSC HOSPITALS TOTAL	735	4,619		9,748,201.02	2110.46	.050	13262.86	106.34
ACCOMMODATIONS	726	4,619		2,805,804.69	607.45	.050	3864.74	30.61
ADMINISTRATIVE DAYS	79	993		207,733.06	209.20	.011	2629.53	2.27
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00	.00
ALL OTHER ACCOM	688	3,626		2,597,970.95	716.48	.040	3776.12	28.34
ANCILLARIES	735	0		6,942,396.33	.00	.000	9445.44	75.73
INPATIENT CROSSOVERS	445	3,431		396,873.55	115.67	.037	891.85	4.33
ALL OTHER INPATIENT	1	0		.28CR	.00	.000	.28CR	.00
COMM HOSP OUTPATIENT TOTAL	15,192	76,176		2,140,857.94	28.10	.831	140.92	23.35
MEDICAL	5,450	8,650		329,766.35	38.12	.094	60.51	3.60
SURGERY	934	1,073		53,946.50	50.28	.012	57.76	.59
PATHOLOGY	5,013	20,650		255,681.75	12.38	.225	51.00	2.79
RADIOLOGY	2,983	4,363		378,290.78	86.70	.048	126.82	4.13
ROOM USE	7,518	11,726		464,082.88	39.58	.128	61.73	5.06
CROSSOVERS/ALL OTH OUTPTNT	7,914	29,714		659,089.68	22.18	.324	83.28	7.19
@STATE HOSPITAL	2,155	72,243	\$	33,083,006.50	\$ 457.94	.788	\$ 15351.74	\$ 360.88
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	2,155	72,243		33,083,006.50	457.94	.788	15351.74	360.88
@NURSING FACILITY	869	24,607	\$	3,382,575.07	\$ 137.46	.268	\$ 3892.49	\$ 36.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	256	8,839		1,064,670.27	120.45	.096	4158.87	11.61
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49	574.37	.006	14906.31	3.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	595	15,223		2,004,872.31	131.70	.166	3369.53	21.87
@INTERMEDIATE CARE FACIL.-DD	524	15,911	\$	2,778,293.50	\$ 174.61	.174	\$ 5302.09	\$ 30.31
ICF DDH	277	8,531		1,270,069.08	148.88	.093	4585.09	13.85
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	247	7,380		1,508,224.42	204.37	.081	6106.17	16.45
@HEMODIALYSIS TOTAL	481	8,051	\$	470,480.97	\$ 58.44	.088	\$ 978.13	\$ 5.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	481	8,051		470,480.97	58.44	.088	978.13	5.13

@REHABILITATION FACILITY	311	5,374	\$	72,488.08	\$	13.49	.059	\$	233.08	\$	.79
HOSPITAL BASED	18	63		2,781.33		44.15	.001		154.52		.03
INDEPENDENT FACILITY	293	5,311		69,706.75		13.12	.058		237.91		.76
@LABORATORY FACILITY	4,637	17,792	\$	266,465.21	\$	14.98	.194	\$	57.47	\$	2.91
PATHOLOGY	4,629	17,781		266,315.77		14.98	.194		57.53		2.91
XO AND OTHERS	8	11		149.44		13.59	.000		18.68		.00
@ORGANIZED OUTPATIENT CLINIC	8,785	18,682	\$	1,624,999.52	\$	86.98	.204	\$	184.97	\$	17.73
CLINIC	555	1,776		41,982.22		23.64	.019		75.64		.46
SURGICENTER	115	260		23,840.75		91.70	.003		207.31		.26
HEROIN DETOX CLINIC	49	721		8,695.62		12.06	.008		177.46		.09
RURAL HEALTH CLINIC	8,145	15,925		1,550,480.93		97.36	.174		190.36		16.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,604
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60										

91,673 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,124	742,604	\$	3,441,747.77	\$ 4.63	8.101	\$ 309.40	\$ 37.54
DURABLE MED. EQUIP.	1,521	6,215		971,643.48	156.34	.068	638.82	10.60
BLOOD BANK	1	1		459.00	459.00	.000	459.00	.01
HEARING AID DISPENSERS	81	138		28,061.93	203.35	.002	346.44	.31
MEDICAL TRANSPORTATION	2,320	92,161		511,215.83	5.55	1.005	220.35	5.58
AMBULANCES/AIR TRANS	1,113	13,241		208,065.80	15.71	.144	186.94	2.27
OTHER TRANS	491	71,433		229,122.22	3.21	.779	466.64	2.50
OTHER SERVICES	777	7,487		74,027.81	9.89	.082	95.27	.81
ACUPUNCTURE	128	344		5,791.84	16.84	.004	45.25	.06
ADULT DAY HEALTH CARE CTR	193	2,105		139,333.49	66.19	.023	721.94	1.52
GENETIC DISEASE TESTING	17	17		1,321.00	77.71	.000	77.71	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	835	18,385		754,666.89	41.05	.201	903.79	8.23
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,060	4,921		60,900.42	12.38	.054	29.56	.66
PHYSICAL THERAPIST	159	1,248		15,691.07	12.57	.014	98.69	.17
PORTABLE X-RAY	20	37		653.52	17.66	.000	32.68	.01
PROSTHETIST/ORTHOTISTS	198	788		102,889.60	130.57	.009	519.64	1.12
PROSTHETICS	181	766		101,973.25	133.12	.008	563.39	1.11
ORTHOTICS	17	22		916.35	41.65	.000	53.90	.01
PSYCHOLOGIST	228	590		16,692.93	28.29	.006	73.21	.18
SPEECH AND AUDIOLOGY	741	2,795		135,711.69	48.56	.030	183.15	1.48
HOSPICE SERVICES	57	1,372		189,774.52	138.32	.015	3329.38	2.07
NONINST BIRTHING CENTERS	3	3		3,021.69	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	969	25,226		205,060.76	8.13	.275	211.62	2.24
EPSDT SUPPLEMENTAL SERVICE	9	73		2,567.14	35.17	.001	285.24	.03
RESPIRATORY CARE PRACT.	2	2		58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,073	586,185		296,290.97	.51	6.394	96.42	3.23
@CALIF. CHILDREN SERVICES*	1,328	35,661	\$	2,772,464.18	\$ 77.74	.389	\$ 2087.70	\$ 30.24
@XOVER EXCLUDING STATE HOSP**	10,877	100,660	\$	1,652,089.64	\$ 16.41	1.098	\$ 151.89	\$ 18.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,605
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

						----- MONTHLY AVERAGE -----		
70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	

@TOTAL, ALL PROVIDERS	32,320	153,853	\$	8,087,429.49	\$	52.57	2.175	\$	250.23	\$	114.34
@PHYSICIANS SERVICES	9,249	20,010	\$	814,441.56	\$	40.70	.283	\$	88.06	\$	11.51
OUTPATIENT VISITS	6,946	9,326		307,733.41		33.00	.132		44.30		4.35
OFFICE VISITS	4,270	5,548		160,193.40		28.87	.078		37.52		2.26
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,688	3,110		123,074.61		39.57	.044		45.79		1.74
PREVENTIVE CARE	124	126		4,934.78		39.16	.002		39.80		.07
OB VISITS/COMPRE PERI	152	506		17,946.83		35.47	.007		118.07		.25
OTHER OUTPATIENT	31	36		1,583.79		43.99	.001		51.09		.02
INPATIENT VISITS	316	1,010		73,063.09		72.34	.014		231.21		1.03
HOSPITAL VISITS	298	775		37,859.22		48.85	.011		127.04		.54
CRITICAL CARE	54	233		35,059.67		150.47	.003		649.25		.50
SNF/ICF/TRANS IP CARE	1	2		144.20		72.10	.000		144.20		.00
OPHTHALMOLOGICAL SERVICES	94	97		4,227.43		43.58	.001		44.97		.06
EXAMINATIONS	84	87		4,179.55		48.04	.001		49.76		.06
SERVICES AND MATERIALS	10	10		47.88		4.79	.000		4.79		.00
INPATIENT HOSPITAL SURGERY	351	1,757		155,532.71		88.52	.025		443.11		2.20
PRINCIPAL SURGEON	215	247		121,355.67		491.32	.003		564.44		1.72
ASSISTANT SURGEON	22	22		3,632.62		165.12	.000		165.12		.05
ANESTHESIOLOGIST	160	1,488		30,544.42		20.53	.021		190.90		.43
OUTPATIENT SURGERY	678	1,680		99,380.22		59.15	.024		146.58		1.41
PRINCIPAL SURGEON	559	695		77,554.39		111.59	.010		138.74		1.10
ASSISTANT SURGEON	5	5		493.68		98.74	.000		98.74		.01
ANESTHESIOLOGIST	153	980		21,332.15		21.77	.014		139.43		.30
DIALYSIS	2	4		270.60		67.65	.000		135.30		.00
PATHOLOGY	930	1,644		22,585.33		13.74	.023		24.29		.32
RADIOLOGY	1,825	2,516		73,117.63		29.06	.036		40.06		1.03
PSYCHIATRY	1	1		32.98		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	175	371		37,614.87		101.39	.005		214.94		.53
OTHER SERVICES/ALL X-OVERS	743	1,604		40,883.29		25.49	.023		55.02		.58
@PHARMACY	14,499	38,523	\$	1,505,113.10	\$	39.07	.545	\$	103.81	\$	21.28
PRESCRIPTION DRUGS	14,413	31,740		1,477,923.75		46.56	.449		102.54		20.90
SNF/ICF	27	82		20,933.11		255.28	.001		775.30		.30
OUTPATIENTS	14,392	31,658		1,456,990.64		46.02	.448		101.24		20.60
MEDICAL SUPPLIES	331	6,783		27,189.35		4.01	.096		82.14		.38
@DENTIST	4,302	19,920	\$	632,386.32	\$	31.75	.282	\$	147.00	\$	8.94
VISITS - DIAGNOSTIC	3,134	12,924		196,427.00		15.20	.183		62.68		2.78
ORAL SURGERY	592	1,198		69,619.66		58.11	.017		117.60		.98
DRUGS	30	32		625.36		19.54	.000		20.85		.01
ANESTHESIA	57	60		5,000.00		83.33	.001		87.72		.07
PERIODONTICS	50	51		7,890.00		154.71	.001		157.80		.11
ENDODONTICS	313	621		61,313.50		98.73	.009		195.89		.87
RESTORATIVE DENTISTRY	1,634	4,527		244,872.05		54.09	.064		149.86		3.46
PROSTHETICS	10	10		185.00		18.50	.000		18.50		.00
DENTURES, STAYPLATES	47	186		16,285.00		87.55	.003		346.49		.23
SPACE MAINTAINERS	50	65		6,449.65		99.23	.001		128.99		.09
MAXILLOFACIAL SERVICES	20	25		2,792.85		111.71	.000		139.64		.04
FRACTURES, DISLOCATIONS	2	3		2,050.00		683.33	.000		1025.00		.03
ORTHODONTIC SERVICES	163	206		18,801.25		91.27	.003		115.35		.27
ALL OTHER SERVICES	11	12		75.00		6.25	.000		6.82		.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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01/17/03

----- MONTHLY AVERAGE -----

70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	818	2,428	\$	58,376.03	\$	24.04	.034	\$	71.36	\$.83
DIAGNOSTIC AND ANC. PROCED	543	559		25,426.41		45.49	.008		46.83		.36
EYE APPLIANCES	592	1,757		25,679.24		14.62	.025		43.38		.36
OTHER OPTOMETRIC SERVICES	105	112		7,270.38		64.91	.002		69.24		.10
@CHIROPRACTOR	95	161	\$	2,662.66	\$	16.54	.002	\$	28.03	\$	.04
VISITS	95	161		2,662.66		16.54	.002		28.03		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	34	73	\$	2,161.02	\$	29.60	.001	\$	63.56	\$	.03
MEDICINE/INJECTIONS	29	42		1,365.28		32.51	.001		47.08		.02
SURGERY/ANES.	13	22		572.28		26.01	.000		44.02		.01
RADIO./PATHOLOGY	4	6		110.72		18.45	.000		27.68		.00
OTHER	2	3		112.74		37.58	.000		56.37		.00
@HOME HEALTH AGENCY	69	210	\$	13,954.38	\$	66.45	.003	\$	202.24	\$	.20
NURSE ANESTHESIST	2	7	\$	144.69	\$	20.67	.000	\$	72.35	\$	.00
NURSE MIDWIFE	123	1,187	\$	27,587.59	\$	23.24	.017	\$	224.29	\$	.39
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	5	\$	286.00	\$	57.20	.000	\$	57.20	\$	.00
@TOTAL HOSPITAL	8,744	31,455	\$	3,479,541.20	\$	110.62	.445	\$	397.93	\$	49.20
HOSP INPATIENT TOTAL	351	1,423		2,589,454.30		1819.71	.020		7377.36		36.61
HSC HOSPITALS	27	164		257,276.54		1568.76	.002		9528.76		3.64
NON-HSC HOSPITAL TOTAL	326	1,259		2,332,177.76		1852.40	.018		7153.92		32.97
ACCOMMODATIONS	324	1,259		918,143.48		729.26	.018		2833.78		12.98
ADMINISTRATIVE DAYS	3	8		1,288.88		161.11	.000		429.63		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	322	1,251		916,854.60		732.90	.018		2847.37		12.96
ANCILLARIES	323	0		1,414,034.28		.00	.000		4377.82		19.99
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,549	30,032		890,086.90		29.64	.425		104.12		12.58
MEDICAL	3,334	4,419		150,705.15		34.10	.062		45.20		2.13
SURGERY	637	761		33,121.98		43.52	.011		52.00		.47
PATHOLOGY	2,437	7,563		90,540.41		11.97	.107		37.15		1.28
RADIOLOGY	1,684	2,301		139,442.60		60.60	.033		82.80		1.97
ROOM USE	6,847	9,212		354,941.47		38.53	.130		51.84		5.02
CROSSOVERS/ALL OTH OUTPTNT	2,615	5,776		121,335.29		21.01	.082		46.40		1.72
@COUNTY HOSPITAL TOTAL	28	83	\$	3,395.38	\$	40.91	.001	\$	121.26	\$	.05
CO HOSPITAL INPATIENT TOTAL	1	1		1,075.00		1075.00	.000		1075.00		.02
HSC HOSPITALS	1	1		1,075.00		1075.00	.000		1075.00		.02
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	27	82		2,320.38		28.30	.001		85.94		.03
MEDICAL	15	18		624.09		34.67	.000		41.61		.01
SURGERY	3	6		176.70		29.45	.000		58.90		.00
PATHOLOGY	5	15		250.83		16.72	.000		50.17		.00
RADIOLOGY	3	14		295.25		21.09	.000		98.42		.00
ROOM USE	14	19		854.46		44.97	.000		61.03		.01
CROSSOVERS/ALL OTH OUTPTNT	7	10		119.05		11.91	.000		17.01		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
SONOMA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,724	31,372	\$ 3,476,145.82	\$ 110.80	.444	\$ 398.46	\$ 49.15
COMM HOSP INPATIENT TOTAL	350	1,422	2,588,379.30	1820.24	.020	7395.37	36.60
HSC HOSPITALS	26	163	256,201.54	1571.79	.002	9853.91	3.62
NON-HSC HOSPITALS TOTAL	326	1,259	2,332,177.76	1852.40	.018	7153.92	32.97
ACCOMMODATIONS	324	1,259	918,143.48	729.26	.018	2833.78	12.98
ADMINISTRATIVE DAYS	3	8	1,288.88	161.11	.000	429.63	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	322	1,251	916,854.60	732.90	.018	2847.37	12.96
ANCILLARIES	323	0	1,414,034.28	.00	.000	4377.82	19.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,529	29,950	887,766.52	29.64	.423	104.09	12.55
MEDICAL	3,320	4,401	150,081.06	34.10	.062	45.21	2.12
SURGERY	634	755	32,945.28	43.64	.011	51.96	.47
PATHOLOGY	2,433	7,548	90,289.58	11.96	.107	37.11	1.28
RADIOLOGY	1,682	2,287	139,147.35	60.84	.032	82.73	1.97
ROOM USE	6,837	9,193	354,087.01	38.52	.130	51.79	5.01
CROSSOVERS/ALL OTH OUTPTNT	2,608	5,766	121,216.24	21.02	.082	46.48	1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	1	61	\$ 9,099.37	\$ 149.17	.001	\$ 9099.37	\$.13

ICF DDH	1	61		9,099.37	149.17	.001	9099.37	.13
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	3,674.12	\$ 1837.06	.000	\$ 1837.06	\$.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		3,674.12	1837.06	.000	1837.06	.05
@REHABILITATION FACILITY	22	427	\$	5,343.16	\$ 12.51	.006	\$ 242.87	\$.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	22	427		5,343.16	12.51	.006	242.87	.08
@LABORATORY FACILITY	2,165	5,971	\$	95,996.37	\$ 16.08	.084	\$ 44.34	\$ 1.36
PATHOLOGY	2,165	5,971		95,996.37	16.08	.084	44.34	1.36
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,149	11,600	\$	1,123,692.98	\$ 96.87	.164	\$ 182.74	\$ 15.89
CLINIC	956	3,068		77,586.02	25.29	.043	81.16	1.10
SURGICENTER	15	71		2,434.02	34.28	.001	162.27	.03
HEROIN DETOX CLINIC	8	97		1,102.23	11.36	.001	137.78	.02
RURAL HEALTH CLINIC	5,213	8,364		1,042,570.71	124.65	.118	199.99	14.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G							

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	70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,465	21,813	\$	312,968.94	\$ 14.35	.308	\$ 90.32	\$ 4.42
DURABLE MED. EQUIP.	120	243		31,486.30	129.57	.003	262.39	.45
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	19		7,585.90	399.26	.000	1264.32	.11
MEDICAL TRANSPORTATION	313	3,502		71,894.68	20.53	.050	229.70	1.02
AMBULANCES/AIR TRANS	311	3,491		57,474.84	16.46	.049	184.81	.81
OTHER TRANS	1	3		19.84	6.61	.000	19.84	.00
OTHER SERVICES	8	8		14,400.00	1800.00	.000	1800.00	.20
ACUPUNCTURE	35	85		1,486.80	17.49	.001	42.48	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	97	100		7,010.00	70.10	.001	72.27	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	740	1,641		16,880.54	10.29	.023	22.81	.24
PHYSICAL THERAPIST	38	256		4,039.39	15.78	.004	106.30	.06
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	31	80		12,294.43	153.68	.001	396.59	.17
PROSTHETICS	26	74		11,979.20	161.88	.001	460.74	.17
ORTHOTICS	5	6		315.23	52.54	.000	63.05	.00
PSYCHOLOGIST	9	37		2,544.82	68.78	.001	282.76	.04
SPEECH AND AUDIOLOGY	73	158		12,579.14	79.61	.002	172.32	.18
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2		2,014.46	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	2,038	14,820		141,774.54	9.57	.210	69.57	2.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	870		1,377.94	1.58	.012	86.12	.02
@CALIF. CHILDREN SERVICES*	223	2,957	\$	369,043.03	\$ 124.80	.042	\$ 1654.90	\$ 5.22
@XOVER EXCLUDING STATE HOSP**	5	74	\$	268.76	\$ 3.63	.001	\$ 53.75	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
184,054 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	116,151	2,036,792	\$ 101,985,713.01	\$ 50.07	11.066	\$ 878.04	\$ 554.11		
@PHYSICIANS SERVICES	28,677	89,650	\$ 3,385,147.81	\$ 37.76	.487	\$ 118.04	\$ 18.39		
OUTPATIENT VISITS	14,790	20,911	757,205.30	36.21	.114	51.20	4.11		
OFFICE VISITS	9,434	12,781	396,781.30	31.04	.069	42.06	2.16		
HOME VISITS	116	166	8,990.04	54.16	.001	77.50	.05		
EMERGENCY ROOM	5,517	6,922	313,451.65	45.28	.038	56.82	1.70		
PREVENTIVE CARE	134	136	5,359.01	39.40	.001	39.99	.03		
OB VISITS/COMPRE PERI	182	635	20,963.79	33.01	.003	115.19	.11		
OTHER OUTPATIENT	233	271	11,659.51	43.02	.001	50.04	.06		
INPATIENT VISITS	1,714	8,007	422,496.83	52.77	.044	246.50	2.30		
HOSPITAL VISITS	1,386	6,236	276,840.20	44.39	.034	199.74	1.50		
CRITICAL CARE	208	952	120,363.71	126.43	.005	578.67	.65		
SNF/ICF/TRANS IP CARE	292	819	25,292.92	30.88	.004	86.62	.14		
OPHTHALMOLOGICAL SERVICES	576	664	29,554.36	44.51	.004	51.31	.16		
EXAMINATIONS	563	651	29,409.43	45.18	.004	52.24	.16		
SERVICES AND MATERIALS	13	13	144.93	11.15	.000	11.15	.00		
INPATIENT HOSPITAL SURGERY	909	4,801	425,703.26	88.67	.026	468.32	2.31		
PRINCIPAL SURGEON	612	855	328,631.59	384.36	.005	536.98	1.79		
ASSISTANT SURGEON	52	55	11,054.16	200.98	.000	212.58	.06		
ANESTHESIOLOGIST	370	3,891	86,017.51	22.11	.021	232.48	.47		
OUTPATIENT SURGERY	1,836	4,805	355,113.32	73.90	.026	193.42	1.93		
PRINCIPAL SURGEON	1,500	2,121	290,880.59	137.14	.012	193.92	1.58		
ASSISTANT SURGEON	21	21	2,175.47	103.59	.000	103.59	.01		
ANESTHESIOLOGIST	429	2,663	62,057.26	23.30	.014	144.66	.34		
DIALYSIS	104	245	30,157.31	123.09	.001	289.97	.16		
PATHOLOGY	2,246	4,619	72,071.63	15.60	.025	32.09	.39		
RADIOLOGY	5,675	9,533	370,799.92	38.90	.052	65.34	2.01		
PSYCHIATRY	16	19	519.26	27.33	.000	32.45	.00		
IMMUNIZATION AND INJECTION	654	5,180	395,632.77	76.38	.028	604.94	2.15		
OTHER SERVICES/ALL X-OVERS	9,900	30,866	525,893.85	17.04	.168	53.12	2.86		
@PHARMACY	82,555	649,247	\$ 26,990,461.02	\$ 41.57	3.527	\$ 326.94	\$ 146.64		
PRESCRIPTION DRUGS	81,727	317,771	26,182,994.36	82.40	1.727	320.37	142.26		
SNF/ICF	1,800	12,033	1,014,910.48	84.34	.065	563.84	5.51		
OUTPATIENTS	80,098	305,738	25,168,083.88	82.32	1.661	314.22	136.74		
MEDICAL SUPPLIES	5,757	331,476	807,466.66	2.44	1.801	140.26	4.39		
@DENTIST	10,710	45,554	\$ 1,768,258.75	\$ 38.82	.248	\$ 165.10	\$ 9.61		
VISITS - DIAGNOSTIC	7,614	28,976	432,880.06	14.94	.157	56.85	2.35		
ORAL SURGERY	1,393	3,619	202,219.63	55.88	.020	145.17	1.10		
DRUGS	47	51	779.36	15.28	.000	16.58	.00		
ANESTHESIA	104	107	9,380.00	87.66	.001	90.19	.05		
PERIODONTICS	339	445	71,239.00	160.09	.002	210.14	.39		
ENDODONTICS	579	994	136,632.00	137.46	.005	235.98	.74		
RESTORATIVE DENTISTRY	3,448	9,009	636,851.05	70.69	.049	184.70	3.46		
PROSTHETICS	79	83	1,940.60	23.38	.000	24.56	.01		
DENTURES, STAYPLATES	685	1,847	236,892.78	128.26	.010	345.83	1.29		
SPACE MAINTAINERS	52	67	6,689.65	99.85	.000	128.65	.04		
MAXILLOFACIAL SERVICES	29	37	5,096.85	137.75	.000	175.75	.03		
FRACTURES, DISLOCATIONS	3	4	3,250.00	812.50	.000	1083.33	.02		
ORTHODONTIC SERVICES	209	267	24,208.47	90.67	.001	115.83	.13		
ALL OTHER SERVICES	38	48	199.30	4.15	.000	5.24	.00		

184,054 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	2,977	8,831	\$ 191,327.22	\$ 21.67	.048	\$	64.27	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	1,339	1,398	63,265.93	45.25	.008		47.25	.34
EYE APPLIANCES	2,270	6,826	107,176.53	15.70	.037		47.21	.58
OTHER OPTOMETRIC SERVICES	418	607	20,884.76	34.41	.003		49.96	.11
@CHIROPRACTOR	359	743	\$ 12,278.88	\$ 16.53	.004	\$	34.20	\$.07
VISITS	339	710	11,787.60	16.60	.004		34.77	.06
OTHER SERVICES	21	33	491.28	14.89	.000		23.39	.00
@PODIATRIST	1,409	2,438	\$ 33,987.73	\$ 13.94	.013	\$	24.12	\$.18
MEDICINE/INJECTIONS	352	428	11,196.26	26.16	.002		31.81	.06
SURGERY/ANES.	83	124	3,914.09	31.57	.001		47.16	.02
RADIO./PATHOLOGY	26	34	631.44	18.57	.000		24.29	.00
OTHER	1,026	1,852	18,245.94	9.85	.010		17.78	.10
@HOME HEALTH AGENCY	525	25,477	\$ 935,260.40	\$ 36.71	.138	\$	1781.45	\$ 5.08
NURSE ANESTHESIST	10	69	454.28	6.58	.000	\$	45.43	\$.00
NURSE MIDWIFE	161	1,515	\$ 36,421.36	\$ 24.04	.008	\$	226.22	\$.20
PEDIATRIC NURSE PRACTITIONER	1	1	40.00	40.00	.000	\$	40.00	\$.00
FAMILY NURSE PRACTITIONER	7	9	347.57	38.62	.000	\$	49.65	\$.00
@TOTAL HOSPITAL	27,067	128,765	\$ 18,994,917.55	\$ 147.52	.700	\$	701.77	\$ 103.20
HOSP INPATIENT TOTAL	1,949	12,422	15,742,876.49	1267.34	.067		8077.41	85.53
HSC HOSPITALS	199	1,642	2,463,606.59	1500.37	.009		12379.93	13.39
NON-HSC HOSPITAL TOTAL	1,127	6,189	12,725,218.95	2056.10	.034		11291.23	69.14
ACCOMMODATIONS	1,116	6,189	3,892,478.34	628.93	.034		3487.88	21.15
ADMINISTRATIVE DAYS	93	1,059	220,157.26	207.89	.006		2367.28	1.20
TRANSITIONAL IP CARE	0	0	578.92	.00	.000		.00	.00
ALL OTHER ACCOM	1,069	5,130	3,671,742.16	715.74	.028		3434.74	19.95
ANCILLARIES	1,123	0	8,832,740.61	.00	.000		7865.31	47.99
INPATIENT CROSSOVERS	645	4,591	554,051.24	120.68	.025		858.99	3.01
ALL OTHER INPATIENT	1	0	.29CR	.00	.000		.29CR	.00
HOSP OUTPATIENT TOTAL	25,993	116,343	3,252,041.06	27.95	.632		125.11	17.67
MEDICAL	8,996	13,427	501,376.36	37.34	.073		55.73	2.72
SURGERY	1,609	1,879	90,056.31	47.93	.010		55.97	.49
PATHOLOGY	7,655	29,346	359,722.66	12.26	.159		46.99	1.95
RADIOLOGY	4,759	6,799	526,051.04	77.37	.037		110.54	2.86
ROOM USE	14,610	21,328	834,361.70	39.12	.116		57.11	4.53
CROSSOVERS/ALL OTH OUTPTNT	12,522	43,564	940,472.99	21.59	.237		75.11	5.11
@COUNTY HOSPITAL TOTAL	92	436	\$ 36,238.15	\$ 83.12	.002	\$	393.89	\$.20
CO HOSPITAL INPATIENT TOTAL	8	35	26,694.02	762.69	.000		3336.75	.15
HSC HOSPITALS	7	24	26,159.04	1089.96	.000		3737.01	.14
NON-HSC HOSPITALS TOTAL	0	0	277.02CR	.00	.000		.00	.00
ACCOMMODATIONS	0	0	277.02CR	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	277.02CR	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	1	11	812.00	73.82	.000		812.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	84	401	9,544.13	23.80	.002		113.62	.05
MEDICAL	34	52	2,013.43	38.72	.000		59.22	.01
SURGERY	10	14	446.65	31.90	.000		44.67	.00
PATHOLOGY	28	108	1,645.79	15.24	.001		58.78	.01

RADIOLOGY	12	27	992.51	36.76	.000	82.71	.01
ROOM USE	39	58	2,560.86	44.15	.000	65.66	.01
CROSSOVERS/ALL OTH OUTPTNT	41	142	1,884.89	13.27	.001	45.97	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,611
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	184,054 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	26,995	128,329	\$	18,958,679.40	\$ 147.73	.697	\$ 702.30 \$ 103.01
COMM HOSP INPATIENT TOTAL	1,941	12,387		15,716,182.47	1268.76	.067	8096.95 85.39
HSC HOSPITALS	192	1,618		2,437,447.55	1506.46	.009	12695.04 13.24
NON-HSC HOSPITALS TOTAL	1,127	6,189		12,725,495.97	2056.15	.034	11291.48 69.14
ACCOMMODATIONS	1,116	6,189		3,892,755.36	628.98	.034	3488.13 21.15
ADMINISTRATIVE DAYS	93	1,059		220,434.28	208.15	.006	2370.26 1.20
TRANSITIONAL IP CARE	0	0		578.92	.00	.000	.00 .00
ALL OTHER ACCOM	1,069	5,130		3,671,742.16	715.74	.028	3434.74 19.95
ANCILLARIES	1,123	0		8,832,740.61	.00	.000	7865.31 47.99
INPATIENT CROSSOVERS	644	4,580		553,239.24	120.79	.025	859.07 3.01
ALL OTHER INPATIENT	1	0		.29CR	.00	.000	.29CR .00
COMM HOSP OUTPATIENT TOTAL	25,927	115,942		3,242,496.93	27.97	.630	125.06 17.62
MEDICAL	8,965	13,375		499,362.93	37.34	.073	55.70 2.71
SURGERY	1,599	1,865		89,609.66	48.05	.010	56.04 .49
PATHOLOGY	7,631	29,238		358,076.87	12.25	.159	46.92 1.95
RADIOLOGY	4,749	6,772		525,058.53	77.53	.037	110.56 2.85
ROOM USE	14,581	21,270		831,800.84	39.11	.116	57.05 4.52
CROSSOVERS/ALL OTH OUTPTNT	12,484	43,422		938,588.10	21.62	.236	75.18 5.10
@STATE HOSPITAL	2,215	74,061	\$	33,874,168.29	\$ 457.38	.402	\$ 15293.08 \$ 184.04
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	2,215	74,061		33,874,168.29	457.38	.402	15293.08 184.04
@NURSING FACILITY	1,257	34,036	\$	4,648,594.01	\$ 136.58	.185	\$ 3698.17 \$ 25.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	256	8,839		1,064,670.27	120.45	.048	4158.87 5.78
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49	574.37	.003	14906.31 1.70
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	983	24,652		3,270,891.25	132.68	.134	3327.46 17.77
@INTERMEDIATE CARE FACIL.-DD	525	15,972	\$	2,787,392.87	\$ 174.52	.087	\$ 5309.32 \$ 15.14
ICF DDH	278	8,592		1,279,168.45	148.88	.047	4601.33 6.95
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	247	7,380		1,508,224.42	204.37	.040	6106.17 8.19
@HEMODIALYSIS TOTAL	583	8,402	\$	602,212.70	\$ 71.67	.046	\$ 1032.95 \$ 3.27
HOSPITAL BASED	6	153		61,952.40	404.92	.001	10325.40 .34
HEMODIALYSIS CENTER	577	8,249		540,260.30	65.49	.045	936.33 2.94
@REHABILITATION FACILITY	358	6,191	\$	83,496.94	\$ 13.49	.034	\$ 233.23 \$.45
HOSPITAL BASED	18	62		2,759.57	44.51	.000	153.31 .01
INDEPENDENT FACILITY	340	6,129		80,737.37	13.17	.033	237.46 .44
@LABORATORY FACILITY	6,888	24,061	\$	365,999.40	\$ 15.21	.131	\$ 53.14 \$ 1.99
PATHOLOGY	6,876	24,044		365,729.92	15.21	.131	53.19 1.99
XO AND OTHERS	12	17		269.48	15.85	.000	22.46 .00
@ORGANIZED OUTPATIENT CLINIC	16,035	31,961	\$	2,833,274.98	\$ 88.65	.174	\$ 176.69 \$ 15.39
CLINIC	1,516	4,850		119,752.40	24.69	.026	78.99 .65
SURGICENTER	218	441		44,613.51	101.16	.002	204.65 .24
HEROIN DETOX CLINIC	58	826		9,918.06	12.01	.004	171.00 .05
RURAL HEALTH CLINIC	14,368	25,844		2,658,991.01	102.89	.140	185.06 14.45

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,612

184,054 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,364	889,807	\$ 4,441,612.29	\$ 4.99	4.834	\$ 255.79	\$ 24.13
DURABLE MED. EQUIP.	1,784	6,909	1,080,583.99	156.40	.038	605.71	5.87
BLOOD BANK	1	1	459.00	459.00	.000	459.00	.00
HEARING AID DISPENSERS	147	251	48,069.60	191.51	.001	327.00	.26
MEDICAL TRANSPORTATION	3,128	117,130	671,794.27	5.74	.636	214.77	3.65
AMBULANCES/AIR TRANS	1,447	16,915	269,547.34	15.94	.092	186.28	1.46
OTHER TRANS	659	89,342	287,480.18	3.22	.485	436.24	1.56
OTHER SERVICES	1,114	10,873	114,766.75	10.56	.059	103.02	.62
ACUPUNCTURE	190	513	8,711.40	16.98	.003	45.85	.05
ADULT DAY HEALTH CARE CTR	261	2,709	179,656.15	66.32	.015	688.34	.98
GENETIC DISEASE TESTING	114	117	8,331.00	71.21	.001	73.08	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	1,535	22,715	1,037,134.84	45.66	.123	675.66	5.63
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,257	7,662	94,026.71	12.27	.042	28.87	.51
PHYSICAL THERAPIST	201	1,526	19,858.31	13.01	.008	98.80	.11
PORTABLE X-RAY	23	46	659.97	14.35	.000	28.69	.00
PROSTHETIST/ORTHOTISTS	238	897	118,607.79	132.23	.005	498.35	.64
PROSTHETICS	216	869	117,376.21	135.07	.005	543.41	.64
ORTHOTICS	22	28	1,231.58	43.99	.000	55.98	.01
PSYCHOLOGIST	245	646	19,565.36	30.29	.004	79.86	.11
SPEECH AND AUDIOLOGY	915	3,188	162,515.66	50.98	.017	177.61	.88
HOSPICE SERVICES	83	2,001	267,510.32	133.69	.011	3223.02	1.45
NONINST BIRTHING CENTERS	5	5	5,036.15	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	3,051	42,501	359,800.34	8.47	.231	117.93	1.95
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.000	285.24	.01
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	4,190	680,917		356,724.29	.52	3.700	85.14	1.94
@CALIF. CHILDREN SERVICES*	1,678	42,701	\$	3,353,923.30	\$ 78.54	.232	\$ 1998.76	\$ 18.22
@XOVER EXCLUDING STATE HOSP**	16,057	142,340	\$	2,343,771.21	\$ 16.47	.773	\$ 145.97	\$ 12.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	8,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,129	13,176	\$	1,643,707.89	\$ 124.75	1.507	\$ 398.09	\$ 187.94
@PHYSICIANS SERVICES	1,321	3,607	\$	209,834.34	\$ 58.17	.412	\$ 158.85	\$ 23.99
OUTPATIENT VISITS	1,022	1,413		44,767.71	31.68	.162	43.80	5.12
OFFICE VISITS	641	949		26,478.08	27.90	.109	41.31	3.03
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	339	372		14,911.02	40.08	.043	43.99	1.70
PREVENTIVE CARE	86	88		3,167.32	35.99	.010	36.83	.36
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4		211.29	52.82	.000	52.82	.02
INPATIENT VISITS	137	936		114,641.23	122.48	.107	836.80	13.11
HOSPITAL VISITS	111	369		20,443.93	55.40	.042	184.18	2.34
CRITICAL CARE	57	567		94,197.30	166.13	.065	1652.58	10.77
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	15	23		1,129.43	49.11	.003	75.30	.13
EXAMINATIONS	15	23		1,129.43	49.11	.003	75.30	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	185		19,049.54	102.97	.021	595.30	2.18
PRINCIPAL SURGEON	22	33		13,495.63	408.96	.004	613.44	1.54
ASSISTANT SURGEON	1	1		389.04	389.04	.000	389.04	.04
ANESTHESIOLOGIST	14	151		5,164.87	34.20	.017	368.92	.59
OUTPATIENT SURGERY	35	82		6,233.22	76.01	.009	178.09	.71
PRINCIPAL SURGEON	26	36		4,887.56	135.77	.004	187.98	.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	46		1,345.66	29.25	.005	134.57	.15
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	47	70		941.96	13.46	.008	20.04	.11
RADIOLOGY	148	316		4,185.08	13.24	.036	28.28	.48
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	69		6,985.31	101.24	.008	249.48	.80
OTHER SERVICES/ALL X-OVERS	199	513		11,900.86	23.20	.059	59.80	1.36
@PHARMACY	1,524	2,547	\$	54,060.58	\$ 21.23	.291	\$ 35.47	\$ 6.18
PRESCRIPTION DRUGS	1,514	2,381		52,981.39	22.25	.272	34.99	6.06
SNF/ICF	9	10		11,510.20	1151.02	.001	1278.91	1.32
OUTPATIENTS	1,508	2,371		41,471.19	17.49	.271	27.50	4.74
MEDICAL SUPPLIES	24	166		1,079.19	6.50	.019	44.97	.12
@DENTIST	3	4	\$	110.00	\$ 27.50	.000	\$ 36.67	\$.01
VISITS - DIAGNOSTIC	3	4		110.00	27.50	.000	36.67	.01
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,614
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
8,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	16	56	\$ 4,032.63	\$ 72.01	.006	\$ 252.04	\$.46
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	2	\$ 83.57	\$ 41.79	.000	\$ 83.57	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,256	3,686	\$ 1,180,254.74	\$ 320.20	.421	\$ 939.69	\$ 134.95
HOSP INPATIENT TOTAL	53	625	1,089,914.69	1743.86	.071	20564.43	124.62
HSC HOSPITALS	21	384	591,176.00	1539.52	.044	28151.24	67.59
NON-HSC HOSPITAL TOTAL	32	241	498,738.69	2069.46	.028	15585.58	57.02
ACCOMMODATIONS	32	241	282,148.09	1170.74	.028	8817.13	32.26
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	241	282,165.39	1170.81	.028	8817.67	32.26
ANCILLARIES	32	0	216,590.60	.00	.000	6768.46	24.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,215	3,061	90,340.05	29.51	.350	74.35	10.33
MEDICAL	420	591	20,041.79	33.91	.068	47.72	2.29
SURGERY	31	34	1,695.33	49.86	.004	54.69	.19
PATHOLOGY	177	596	5,948.39	9.98	.068	33.61	.68
RADIOLOGY	134	152	8,919.73	58.68	.017	66.57	1.02
ROOM USE	1,061	1,348	48,671.61	36.11	.154	45.87	5.57
CROSSOVERS/ALL OTH OUTPTNT	257	340	5,063.20	14.89	.039	19.70	.58
@COUNTY HOSPITAL TOTAL	0	0	\$ 24.14	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	24.14	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	24.14	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	8,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,256	3,686	\$ 1,180,230.60	\$ 320.19	.421	\$ 939.67	\$ 134.95	
COMM HOSP INPATIENT TOTAL	53	625	1,089,914.69	1743.86	.071	20564.43	124.62	
HSC HOSPITALS	21	384	591,176.00	1539.52	.044	28151.24	67.59	
NON-HSC HOSPITALS TOTAL	32	241	498,738.69	2069.46	.028	15585.58	57.02	
ACCOMMODATIONS	32	241	282,148.09	1170.74	.028	8817.13	32.26	
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	32	241	282,165.39	1170.81	.028	8817.67	32.26	
ANCILLARIES	32	0	216,590.60	.00	.000	6768.46	24.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,215	3,061	90,315.91	29.51	.350	74.33	10.33	
MEDICAL	420	591	20,041.79	33.91	.068	47.72	2.29	
SURGERY	31	34	1,695.33	49.86	.004	54.69	.19	
PATHOLOGY	177	596	5,948.39	9.98	.068	33.61	.68	
RADIOLOGY	134	152	8,919.73	58.68	.017	66.57	1.02	
ROOM USE	1,061	1,348	48,647.47	36.09	.154	45.85	5.56	
CROSSOVERS/ALL OTH OUTPTNT	257	340	5,063.20	14.89	.039	19.70	.58	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	1	5	\$ 39.36	\$ 7.87	.001	\$ 39.36	\$.00	
HOSPITAL BASED	0	1CR	23.60CR	23.60	.000	.00	.00	
INDEPENDENT FACILITY	1	6	62.96	10.49	.001	62.96	.01	
@LABORATORY FACILITY	74	126	\$ 1,460.23	\$ 11.59	.014	\$ 19.73	\$.17	
PATHOLOGY	74	126	1,460.23	11.59	.014	19.73	.17	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

@ORGANIZED OUTPATIENT CLINIC	1,328	1,891	\$	176,117.01	\$	93.13	.216	\$	132.62	\$	20.14
CLINIC	47	82		2,075.41		25.31	.009		44.16		.24
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,281	1,809		174,041.60		96.21	.207		135.86		19.90

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	8,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	88		1,252	\$ 17,715.43	\$ 14.15	.143	\$ 201.31	\$ 2.03
DURABLE MED. EQUIP.	35		135	5,149.06	38.14	.015	147.12	.59
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17		575	6,264.38	10.89	.066	368.49	.72
AMBULANCES/AIR TRANS	17		574	4,464.38	7.78	.066	262.61	.51
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.000	1800.00	.21
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12		12	562.00	46.83	.001	46.83	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4		9	902.73	100.30	.001	225.68	.10
PROSTHETICS	4		9	902.73	100.30	.001	225.68	.10
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20		47	4,666.28	99.28	.005	233.31	.53
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1		474	170.98	.36	.054	170.98	.02
@CALIF. CHILDREN SERVICES*	121		2,502	\$ 940,250.98	\$ 375.80	.286	\$ 7770.67	\$ 107.51
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,617
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	8,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,736		53,968	\$ 6,330,988.63	\$ 117.31	6.353	\$ 818.38	\$ 745.26
@PHYSICIANS SERVICES	2,991		8,807	\$ 640,804.23	\$ 72.76	1.037	\$ 214.24	\$ 75.43
OUTPATIENT VISITS	731		1,310	58,811.29	44.89	.154	80.45	6.92
OFFICE VISITS	207		260	10,100.13	38.85	.031	48.79	1.19
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	245		270	13,187.73	48.84	.032	53.83	1.55

PREVENTIVE CARE	9	9	380.29	42.25	.001	42.25	.04
OB VISITS/COMPRE PERI	310	767	34,937.74	45.55	.090	112.70	4.11
OTHER OUTPATIENT	4	4	205.40	51.35	.000	51.35	.02
INPATIENT VISITS	606	1,239	90,942.76	73.40	.146	150.07	10.71
HOSPITAL VISITS	583	969	45,775.07	47.24	.114	78.52	5.39
CRITICAL CARE	52	270	45,167.69	167.29	.032	868.61	5.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	826	3,513	399,675.72	113.77	.414	483.87	47.05
PRINCIPAL SURGEON	574	589	333,712.56	566.57	.069	581.38	39.28
ASSISTANT SURGEON	68	68	12,177.89	179.09	.008	179.09	1.43
ANESTHESIOLOGIST	284	2,856	53,785.27	18.83	.336	189.38	6.33
OUTPATIENT SURGERY	139	381	17,624.86	46.26	.045	126.80	2.07
PRINCIPAL SURGEON	100	129	13,112.04	101.64	.015	131.12	1.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	46	252	4,512.82	17.91	.030	98.10	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	346	495	10,272.86	20.75	.058	29.69	1.21
RADIOLOGY	1,210	1,415	44,472.41	31.43	.167	36.75	5.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	22	31	873.50	28.18	.004	39.70	.10
OTHER SERVICES/ALL X-OVERS	251	423	18,130.83	42.86	.050	72.23	2.13
@PHARMACY	1,781	3,802	\$ 115,563.03	\$ 30.40	.448	\$ 64.89	\$ 13.60
PRESCRIPTION DRUGS	1,612	2,979	74,957.78	25.16	.351	46.50	8.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,612	2,979	74,957.78	25.16	.351	46.50	8.82
MEDICAL SUPPLIES	293	823	40,605.25	49.34	.097	138.58	4.78
@DENTIST	30	91	\$ 923.50	\$ 10.15	.011	\$ 30.78	\$.11
VISITS - DIAGNOSTIC	25	70	363.50	5.19	.008	14.54	.04
ORAL SURGERY	4	5	340.00	68.00	.001	85.00	.04

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.01
ENDODONTICS	1	3	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	8	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	65.00	65.00	.000	65.00	.01
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,618
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

8,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	239	450	\$ 24,890.87	\$ 55.31	.053	\$ 104.15	\$ 2.93
NURSE ANESTHESIST	1	7	\$ 141.18	\$ 20.17	.001	\$ 141.18	\$.02
NURSE MIDWIFE	587	6,893	\$ 162,390.99	\$ 23.56	.811	\$ 276.65	\$ 19.12
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,171	17,191	\$ 4,516,685.85	\$ 262.74	2.024	\$ 1424.37	\$ 531.69
HOSP INPATIENT TOTAL	801	3,259	4,139,274.34	1270.11	.384	5167.63	487.26
HSC HOSPITALS	24	104	149,681.17	1439.24	.012	6236.72	17.62
NON-HSC HOSPITAL TOTAL	778	3,154	3,988,781.17	1264.67	.371	5126.97	469.54
ACCOMMODATIONS	776	3,154	1,944,357.94	616.47	.371	2505.62	228.88
ADMINISTRATIVE DAYS	0	0	11.61CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	776	3,154	1,944,369.55	616.48	.371	2505.63	228.88
ANCILLARIES	778	0	2,044,423.23	.00	.000	2627.79	240.66
INPATIENT CROSSOVERS	1	1	812.00	812.00	.000	812.00	.10
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,743	13,932	377,411.51	27.09	1.640	137.59	44.43
MEDICAL	250	339	15,281.96	45.08	.040	61.13	1.80
SURGERY	382	597	20,367.73	34.12	.070	53.32	2.40
PATHOLOGY	1,365	4,685	58,155.31	12.41	.552	42.60	6.85
RADIOLOGY	1,004	1,113	67,758.71	60.88	.131	67.49	7.98
ROOM USE	1,349	2,402	85,684.86	35.67	.283	63.52	10.09
CROSSOVERS/ALL OTH OUTPTNT	1,118	4,796	130,162.94	27.14	.565	116.42	15.32
@COUNTY HOSPITAL TOTAL	17	91	\$ 23,309.53	\$ 256.15	.011	\$ 1371.15	\$ 2.74
CO HOSPITAL INPATIENT TOTAL	6	19	21,095.04	1110.27	.002	3515.84	2.48
HSC HOSPITALS	6	19	21,095.04	1110.27	.002	3515.84	2.48

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	72	2,214.49	30.76	.008	170.35	.26
MEDICAL	2	4	89.93	22.48	.000	44.97	.01
SURGERY	4	5	149.14	29.83	.001	37.29	.02
PATHOLOGY	7	28	589.36	21.05	.003	84.19	.07
RADIOLOGY	1	1	28.33	28.33	.000	28.33	.00
ROOM USE	8	18	836.29	46.46	.002	104.54	.10
CROSSOVERS/ALL OTH OUTPTNT	7	16	521.44	32.59	.002	74.49	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	8,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,155	17,100	\$	4,493,376.32	\$ 262.77	2.013	\$ 1424.21	\$ 528.94
COMM HOSP INPATIENT TOTAL	795	3,240		4,118,179.30	1271.04	.381	5180.10	484.78
HSC HOSPITALS	18	85		128,586.13	1512.78	.010	7143.67	15.14
NON-HSC HOSPITALS TOTAL	778	3,154		3,988,781.17	1264.67	.371	5126.97	469.54
ACCOMMODATIONS	776	3,154		1,944,357.94	616.47	.371	2505.62	228.88
ADMINISTRATIVE DAYS	0	0		11.61CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	776	3,154		1,944,369.55	616.48	.371	2505.63	228.88
ANCILLARIES	778	0		2,044,423.23	.00	.000	2627.79	240.66
INPATIENT CROSSOVERS	1	1		812.00	812.00	.000	812.00	.10
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,731	13,860		375,197.02	27.07	1.632	137.38	44.17
MEDICAL	248	335		15,192.03	45.35	.039	61.26	1.79
SURGERY	378	592		20,218.59	34.15	.070	53.49	2.38
PATHOLOGY	1,358	4,657		57,565.95	12.36	.548	42.39	6.78
RADIOLOGY	1,003	1,112		67,730.38	60.91	.131	67.53	7.97
ROOM USE	1,341	2,384		84,848.57	35.59	.281	63.27	9.99
CROSSOVERS/ALL OTH OUTPTNT	1,112	4,780		129,641.50	27.12	.563	116.58	15.26
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,764	4,563	\$	70,731.47	\$	15.50	.537	\$	40.10	\$	8.33
PATHOLOGY	1,764	4,563		70,731.47		15.50	.537		40.10		8.33
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,103	10,243	\$	701,936.86	\$	68.53	1.206	\$	226.21	\$	82.63
CLINIC	543	3,875		95,596.74		24.67	.456		176.05		11.25
SURGICENTER	3	21		445.36		21.21	.002		148.45		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,567	6,347		605,894.76		95.46	.747		236.03		71.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,620
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	8,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	828	1,921	\$	96,920.65	\$ 50.45	.226	\$ 117.05	\$ 11.41
DURABLE MED. EQUIP.	8	162		537.83	3.32	.019	67.23	.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	45	813		13,305.33	16.37	.096	295.67	1.57
AMBULANCES/AIR TRANS	45	811		10,230.33	12.61	.095	227.34	1.20
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,075.00	1537.50	.000	1537.50	.36
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	642	644		52,800.75	81.99	.076	82.24	6.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	49	147		7,723.60	52.54	.017	157.62	.91
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	80	140		8,911.92	63.66	.016	111.40	1.05
PROSTHETICS	21	72		2,838.96	39.43	.008	135.19	.33
ORTHOTICS	67	68		6,072.96	89.31	.008	90.64	.71
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	15	15		13,641.22	909.41	.002	909.41	1.61
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	15	224	\$	121,798.15	\$ 543.74	.026	\$ 8119.88	\$ 14.34
@XOVER EXCLUDING STATE HOSP**	3	19	\$	920.45	\$ 48.44	.002	\$ 306.82	\$.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	123	458	\$	17,540.20	\$	38.30	2.449	\$	142.60	\$	93.80
@PHYSICIANS SERVICES	25	37	\$	1,162.45	\$	31.42	.198	\$	46.50	\$	6.22
OUTPATIENT VISITS	10	10		426.18		42.62	.053		42.62		2.28
OFFICE VISITS	6	6		268.00		44.67	.032		44.67		1.43
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4		158.18		39.55	.021		39.55		.85
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	5		252.06		50.41	.027		84.02		1.35
HOSPITAL VISITS	3	5		252.06		50.41	.027		84.02		1.35
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	10		162.93		16.29	.053		18.10		.87
RADIOLOGY	4	7		174.75		24.96	.037		43.69		.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		52.90		52.90	.005		52.90		.28
OTHER SERVICES/ALL X-OVERS	2	4		93.63		23.41	.021		46.82		.50
@PHARMACY	18	23	\$	1,132.89	\$	49.26	.123	\$	62.94	\$	6.06
PRESCRIPTION DRUGS	17	20		940.33		47.02	.107		55.31		5.03
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	17	20		940.33		47.02	.107		55.31		5.03
MEDICAL SUPPLIES	1	3		192.56		64.19	.016		192.56		1.03
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

----- MONTHLY AVERAGE -----

187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	2	5	\$	112.89	\$	22.58	.027	\$	56.45	\$.60
DIAGNOSTIC AND ANC. PROCED	2	2		70.04		35.02	.011		35.02		.37
EYE APPLIANCES	1	3		42.85		14.28	.016		42.85		.23
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	5	22	\$	329.46	\$	14.98	.118	\$	65.89	\$	1.76
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	37	167	\$	7,249.77	\$	43.41	.893	\$	195.94	\$	38.77
HOSP INPATIENT TOTAL	1	2		2,150.00		1075.00	.011		2150.00		11.50
HSC HOSPITALS	1	2		2,150.00		1075.00	.011		2150.00		11.50
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	36	165		5,099.77		30.91	.882		141.66		27.27
MEDICAL	7	10		341.26		34.13	.053		48.75		1.82
SURGERY	5	5		187.37		37.47	.027		37.47		1.00
PATHOLOGY	17	72		1,203.55		16.72	.385		70.80		6.44

RADIOLOGY	6	7	1,059.16	151.31	.037	176.53	5.66
ROOM USE	24	30	1,038.12	34.60	.160	43.26	5.55
CROSSOVERS/ALL OTH OUTPTNT	17	41	1,270.31	30.98	.219	74.72	6.79
@COUNTY HOSPITAL TOTAL	3	5	\$ 2,240.12	\$ 448.02	.027	\$ 746.71	\$ 11.98
CO HOSPITAL INPATIENT TOTAL	1	2	2,150.00	1075.00	.011	2150.00	11.50
HSC HOSPITALS	1	2	2,150.00	1075.00	.011	2150.00	11.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	90.12	30.04	.016	45.06	.48
MEDICAL	1	1	21.04	21.04	.005	21.04	.11
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	69.08	34.54	.011	34.54	.37
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,623
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SONOMA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
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187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	162	\$ 5,009.65	\$ 30.92	.866	\$ 147.34	\$ 26.79
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	162	5,009.65	30.92	.866	147.34	26.79
MEDICAL	6	9	320.22	35.58	.048	53.37	1.71
SURGERY	5	5	187.37	37.47	.027	37.47	1.00
PATHOLOGY	17	72	1,203.55	16.72	.385	70.80	6.44
RADIOLOGY	6	7	1,059.16	151.31	.037	176.53	5.66
ROOM USE	22	28	969.04	34.61	.150	44.05	5.18
CROSSOVERS/ALL OTH OUTPTNT	17	41	1,270.31	30.98	.219	74.72	6.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	29	55	\$ 1,451.20	\$ 26.39	.294	\$ 50.04	\$ 7.76
PATHOLOGY	29	55	1,451.20	26.39	.294	50.04	7.76
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	44	141	\$ 5,857.04	\$ 41.54	.754	\$ 133.11	\$ 31.32
CLINIC	29	123	3,622.85	29.45	.658	124.93	19.37
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	18	2,234.19	124.12	.096	139.64	11.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	8	\$ 244.50	\$ 30.56	.043	\$ 122.25	\$ 1.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	7	139.50	19.93	.037	139.50	.75
AMBULANCES/AIR TRANS	1	7	139.50	19.93	.037	139.50	.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.005	105.00	.56
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
17,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	11,988	67,602	\$ 7,992,236.72	\$ 118.22	3.879	\$ 666.69	\$ 458.59	
@PHYSICIANS SERVICES	4,337	12,451	\$ 851,801.02	\$ 68.41	.714	\$ 196.40	\$ 48.88	
OUTPATIENT VISITS	1,763	2,733	104,005.18	38.06	.157	58.99	5.97	
OFFICE VISITS	854	1,215	36,846.21	30.33	.070	43.15	2.11	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	588	646	28,256.93	43.74	.037	48.06	1.62	
PREVENTIVE CARE	95	97	3,547.61	36.57	.006	37.34	.20	
OB VISITS/COMPRE PERI	310	767	34,937.74	45.55	.044	112.70	2.00	
OTHER OUTPATIENT	8	8	416.69	52.09	.000	52.09	.02	
INPATIENT VISITS	746	2,180	205,836.05	94.42	.125	275.92	11.81	
HOSPITAL VISITS	697	1,343	66,471.06	49.49	.077	95.37	3.81	
CRITICAL CARE	109	837	139,364.99	166.51	.048	1278.58	8.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	15	23	1,129.43	49.11	.001	75.30	.06	
EXAMINATIONS	15	23	1,129.43	49.11	.001	75.30	.06	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	858	3,698	418,725.26	113.23	.212	488.02	24.03	
PRINCIPAL SURGEON	596	622	347,208.19	558.21	.036	582.56	19.92	
ASSISTANT SURGEON	69	69	12,566.93	182.13	.004	182.13	.72	
ANESTHESIOLOGIST	298	3,007	58,950.14	19.60	.173	197.82	3.38	
OUTPATIENT SURGERY	174	463	23,858.08	51.53	.027	137.12	1.37	
PRINCIPAL SURGEON	126	165	17,999.60	109.09	.009	142.85	1.03	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	56	298	5,858.48	19.66	.017	104.62	.34	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	402	575	11,377.75	19.79	.033	28.30	.65	
RADIOLOGY	1,362	1,738	48,832.24	28.10	.100	35.85	2.80	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	51	101	7,911.71	78.33	.006	155.13	.45	
OTHER SERVICES/ALL X-OVERS	452	940	30,125.32	32.05	.054	66.65	1.73	
@PHARMACY	3,323	6,372	\$ 170,756.50	\$ 26.80	.366	\$ 51.39	\$ 9.80	
PRESCRIPTION DRUGS	3,143	5,380	128,879.50	23.96	.309	41.01	7.39	
SNF/ICF	9	10	11,510.20	1151.02	.001	1278.91	.66	
OUTPATIENTS	3,137	5,370	117,369.30	21.86	.308	37.41	6.73	
MEDICAL SUPPLIES	318	992	41,877.00	42.21	.057	131.69	2.40	
@DENTIST	33	95	\$ 1,033.50	\$ 10.88	.005	\$ 31.32	\$.06	
VISITS - DIAGNOSTIC	28	74	473.50	6.40	.004	16.91	.03	
ORAL SURGERY	4	5	340.00	68.00	.000	85.00	.02	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01	
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.00	
ENDODONTICS	1	3	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	4	8	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1	65.00	65.00	.000	65.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00	

						----- MONTHLY AVERAGE -----			
17,428 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2		5 \$	112.89	\$ 22.58	.000	\$ 56.45	\$.01	
DIAGNOSTIC AND ANC. PROCED	2		2	70.04	35.02	.000	35.02	.00	
EYE APPLIANCES	1		3	42.85	14.28	.000	42.85	.00	
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0		0	.00	.00	.000	.00	.00	
OTHER SERVICES	0		0	.00	.00	.000	.00	.00	
@PODIATRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00	
OTHER	0		0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	255		506 \$	28,923.50	\$ 57.16	.029	\$ 113.43	\$ 1.66	
NURSE ANESTHESIST	1		7 \$	141.18	\$ 20.17	.000	\$ 141.18	\$.01	
NURSE MIDWIFE	593		6,917 \$	162,804.02	\$ 23.54	.397	\$ 274.54	\$ 9.34	
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	4,464		21,044 \$	5,704,190.36	\$ 271.06	1.207	\$ 1277.82	\$ 327.30	
HOSP INPATIENT TOTAL	855		3,886	5,231,339.03	1346.20	.223	6118.53	300.17	
HSC HOSPITALS	46		490	743,007.17	1516.34	.028	16152.33	42.63	
NON-HSC HOSPITAL TOTAL	810		3,395	4,487,519.86	1321.80	.195	5540.15	257.49	
ACCOMMODATIONS	808		3,395	2,226,506.03	655.82	.195	2755.58	127.75	
ADMINISTRATIVE DAYS	0		0	28.91CR	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	808		3,395	2,226,534.94	655.83	.195	2755.61	127.76	
ANCILLARIES	810		0	2,261,013.83	.00	.000	2791.38	129.73	
INPATIENT CROSSOVERS	1		1	812.00	812.00	.000	812.00	.05	
ALL OTHER INPATIENT	1		0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3,994		17,158	472,851.33	27.56	.985	118.39	27.13	
MEDICAL	677		940	35,665.01	37.94	.054	52.68	2.05	
SURGERY	418		636	22,250.43	34.98	.036	53.23	1.28	
PATHOLOGY	1,559		5,353	65,307.25	12.20	.307	41.89	3.75	
RADIOLOGY	1,144		1,272	77,737.60	61.11	.073	67.95	4.46	
ROOM USE	2,434		3,780	135,394.59	35.82	.217	55.63	7.77	
CROSSOVERS/ALL OTH OUTPTNT	1,392		5,177	136,496.45	26.37	.297	98.06	7.83	
@COUNTY HOSPITAL TOTAL	20		96 \$	25,573.79	\$ 266.39	.006	\$ 1278.69	\$ 1.47	
CO HOSPITAL INPATIENT TOTAL	7		21	23,245.04	1106.91	.001	3320.72	1.33	
HSC HOSPITALS	7		21	23,245.04	1106.91	.001	3320.72	1.33	
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00	
ANCILLARIES	0		0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	15		75	2,328.75	31.05	.004	155.25	.13	
MEDICAL	3		5	110.97	22.19	.000	36.99	.01	
SURGERY	4		5	149.14	29.83	.000	37.29	.01	
PATHOLOGY	7		28	589.36	21.05	.002	84.19	.03	

RADIOLOGY	1	1	28.33	28.33	.000	28.33	.00
ROOM USE	10	20	929.51	46.48	.001	92.95	.05
CROSSOVERS/ALL OTH OUTPTNT	7	16	521.44	32.59	.001	74.49	.03

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SONOMA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	17,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,445	20,948	\$	5,678,616.57	\$ 271.08	1.202	\$ 1277.53	\$ 325.83
COMM HOSP INPATIENT TOTAL	848	3,865		5,208,093.99	1347.50	.222	6141.62	298.83
HSC HOSPITALS	39	469		719,762.13	1534.67	.027	18455.44	41.30
NON-HSC HOSPITALS TOTAL	810	3,395		4,487,519.86	1321.80	.195	5540.15	257.49
ACCOMMODATIONS	808	3,395		2,226,506.03	655.82	.195	2755.58	127.75
ADMINISTRATIVE DAYS	0	0		28.91CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	808	3,395		2,226,534.94	655.83	.195	2755.61	127.76
ANCILLARIES	810	0		2,261,013.83	.00	.000	2791.38	129.73
INPATIENT CROSSOVERS	1	1		812.00	812.00	.000	812.00	.05
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,980	17,083		470,522.58	27.54	.980	118.22	27.00
MEDICAL	674	935		35,554.04	38.03	.054	52.75	2.04
SURGERY	414	631		22,101.29	35.03	.036	53.38	1.27
PATHOLOGY	1,552	5,325		64,717.89	12.15	.306	41.70	3.71
RADIOLOGY	1,143	1,271		77,709.27	61.14	.073	67.99	4.46
ROOM USE	2,424	3,760		134,465.08	35.76	.216	55.47	7.72
CROSSOVERS/ALL OTH OUTPTNT	1,386	5,161		135,975.01	26.35	.296	98.11	7.80
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	5	\$ 39.36	\$ 7.87	.000	\$ 39.36	\$.00
HOSPITAL BASED	0	1CR	23.60CR	23.60	.000	.00	.00
INDEPENDENT FACILITY	1	6	62.96	10.49	.000	62.96	.00
@LABORATORY FACILITY	1,867	4,744	\$ 73,642.90	\$ 15.52	.272	\$ 39.44	\$ 4.23
PATHOLOGY	1,867	4,744	73,642.90	15.52	.272	39.44	4.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,475	12,275	\$ 883,910.91	\$ 72.01	.704	\$ 197.52	\$ 50.72
CLINIC	619	4,080	101,295.00	24.83	.234	163.64	5.81
SURGICENTER	3	21	445.36	21.21	.001	148.45	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,864	8,174	782,170.55	95.69	.469	202.43	44.88

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

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17,428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	918	3,181	\$ 114,880.58	\$ 36.11	.183	\$ 125.14	\$ 6.59
DURABLE MED. EQUIP.	43	297	5,686.89	19.15	.017	132.25	.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	63	1,395	19,709.21	14.13	.080	312.84	1.13
AMBULANCES/AIR TRANS	63	1,392	14,834.21	10.66	.080	235.46	.85
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	4,875.00	1625.00	.000	1625.00	.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	655	657	53,467.75	81.38	.038	81.63	3.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	49	147	7,723.60	52.54	.008	157.62	.44
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	84	149	9,814.65	65.87	.009	116.84	.56
PROSTHETICS	25	81	3,741.69	46.19	.005	149.67	.21
ORTHOTICS	67	68	6,072.96	89.31	.004	90.64	.35
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	47	4,666.28	99.28	.003	233.31	.27
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	15	15	13,641.22	909.41	.001	909.41	.78
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	474		170.98		.36	.027	170.98	.01
@CALIF. CHILDREN SERVICES*	136	2,726	\$	1,062,049.13	\$	389.60	.156	\$ 7809.18	\$ 60.94
@XOVER EXCLUDING STATE HOSP**	3	19	\$	920.45	\$	48.44	.001	\$ 306.82	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

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SONOMA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

						----- MONTHLY AVERAGE -----		
2,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,779	30,293	\$ 739,514.09	\$ 24.41	13.494	\$ 415.69	\$ 329.40	
@PHYSICIANS SERVICES	338	1,181	\$ 17,429.46	\$ 14.76	.526	\$ 51.57	\$ 7.76	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2	81.44	40.72	.001	40.72	.04	
EXAMINATIONS	2	2	81.44	40.72	.001	40.72	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	10.94	10.94	.000	10.94	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	335	1,178	17,337.08	14.72	.525	51.75	7.72	
@PHARMACY	1,581	18,872	\$ 420,833.29	\$ 22.30	8.406	\$ 266.18	\$ 187.45	
PRESCRIPTION DRUGS	1,560	6,869	402,276.25	58.56	3.060	257.87	179.19	
SNF/ICF	23	145	7,831.05	54.01	.065	340.48	3.49	
OUTPATIENTS	1,543	6,724	394,445.20	58.66	2.995	255.64	175.70	
MEDICAL SUPPLIES	199	12,003	18,557.04	1.55	5.347	93.25	8.27	
@DENTIST	86	273	\$ 13,413.00	\$ 49.13	.122	\$ 155.97	\$ 5.97	
VISITS - DIAGNOSTIC	58	140	2,634.00	18.81	.062	45.41	1.17	
ORAL SURGERY	11	35	2,119.00	60.54	.016	192.64	.94	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	2	2	215.00	107.50	.001	107.50	.10	
RESTORATIVE DENTISTRY	17	35	2,417.00	69.06	.016	142.18	1.08	
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01	

DENTURES, STAYPLATES	21	59	5,898.00	99.97	.026	280.86	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,630
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						AID CODE 16
					----- MONTHLY AVERAGE -----		
2,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35	112	\$ 1,924.31	\$ 17.18	.050	\$ 54.98	\$.86
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.002	47.45	.11
EYE APPLIANCES	31	103	1,654.93	16.07	.046	53.38	.74
OTHER OPTOMETRIC SERVICES	2	4	32.13	8.03	.002	16.07	.01
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	62	91	\$ 883.37	\$ 9.71	.041	\$ 14.25	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	62	91	883.37	9.71	.041	14.25	.39
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	283	1,520	\$ 61,207.42	\$ 40.27	.677	\$ 216.28	\$ 27.26
HOSP INPATIENT TOTAL	45	275	37,410.51	136.04	.122	831.34	16.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45	275	37,410.51	136.04	.122	831.34	16.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	252	1,245	23,796.91	19.11	.555	94.43	10.60
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	252	1,245	23,796.91	19.11	.555	94.43	10.60
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

					----- MONTHLY AVERAGE -----			
2,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	283	1,520	\$ 61,207.42	\$ 40.27	.677	\$ 216.28	\$ 27.26	
COMM HOSP INPATIENT TOTAL	45	275	37,410.51	136.04	.122	831.34	16.66	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	45	275	37,410.51	136.04	.122	831.34	16.66	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	252	1,245	23,796.91	19.11	.555	94.43	10.60	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	252	1,245	23,796.91	19.11	.555	94.43	10.60	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	30	629	\$ 71,511.55	\$ 113.69	.280	\$ 2383.72	\$ 31.85	
LEV A-INTERMEDIATE	1	8	676.96	84.62	.004	676.96	.30	
LEV B-REHAB MD	4	120	8,937.00	74.48	.053	2234.25	3.98	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	25	501	61,897.59	123.55	.223	2475.90	27.57	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

UNORGANIZED OUTPATIENT CLINIC	80	169	\$	7,648.35	\$	45.26	.075	\$	95.60	\$	3.41
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	9	13		1,754.89		134.99	.006		194.99		.78
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	71	156		5,893.46		37.78	.069		83.01		2.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,632
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

2,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
ALL OTHER PROVIDERS	472	7,446	\$ 144,663.34	\$ 19.43	3.317	\$ 306.49	\$ 64.44
DURABLE MED. EQUIP.	13	40	11,372.99	284.32	.018	874.85	5.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	20	23	5,038.13	219.05	.010	251.91	2.24
MEDICAL TRANSPORTATION	124	2,671	14,340.41	5.37	1.190	115.65	6.39
AMBULANCES/AIR TRANS	2	4	232.46	58.12	.002	116.23	.10
OTHER TRANS	59	2,020	8,682.29	4.30	.900	147.16	3.87
OTHER SERVICES	71	647	5,425.66	8.39	.288	76.42	2.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	33	382	25,458.88	66.65	.170	771.48	11.34
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	178	1,000	71,794.51	71.79	.445	403.34	31.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	44	120	1,451.44	12.10	.053	32.99	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	10	262.70	26.27	.004	52.54	.12
PROSTHETICS	5	10	262.70	26.27	.004	52.54	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	14	48.20	3.44	.006	16.07	.02
SPEECH AND AUDIOLOGY	17	38	594.07	15.63	.017	34.95	.26

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	216	3,148	14,302.01	4.54	1.402	66.21	6.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	741	4,086	\$ 106,641.53	\$ 26.10	1.820	\$ 143.92	\$ 47.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,633
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A	

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	80	2,183	\$ 35,051.32	\$ 16.06	20.402	\$ 438.14	\$ 327.58
@PHYSICIANS SERVICES	14	20	\$ 263.64	\$ 13.18	.187	\$ 18.83	\$ 2.46
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	20	263.64	13.18	.187	18.83	2.46
@PHARMACY	65	1,356	\$ 23,904.53	\$ 17.63	12.673	\$ 367.76	\$ 223.41
PRESCRIPTION DRUGS	63	261	22,850.52	87.55	2.439	362.71	213.56
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	63	261	22,850.52	87.55	2.439	362.71	213.56
MEDICAL SUPPLIES	8	1,095	1,054.01	.96	10.234	131.75	9.85
@DENTIST	3	18	\$ 638.00	\$ 35.44	.168	\$ 212.67	\$ 9.96
VISITS - DIAGNOSTIC	3	11	163.00	14.82	.103	54.33	1.52
ORAL SURGERY	1	6	375.00	62.50	.056	375.00	3.50

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.009	100.00	.93
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,634
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$ 52.32	\$ 8.72	.056	\$ 13.08	\$.49
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	6	52.32	8.72	.056	13.08	.49
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	56	\$ 2,271.53	\$ 40.56	.523	\$ 227.15	\$ 21.23
HOSP INPATIENT TOTAL	2	32	1,624.00	50.75	.299	812.00	15.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	32	1,624.00	50.75	.299	812.00	15.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	24	647.53	26.98	.224	71.95	6.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	24	647.53	26.98	.224	71.95	6.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,635
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	56	\$ 2,271.53	\$ 40.56	.523	\$ 227.15	\$ 21.23
COMM HOSP INPATIENT TOTAL	2	32	1,624.00	50.75	.299	812.00	15.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	32	1,624.00	50.75	.299	812.00	15.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	24	647.53	26.98	.224	71.95	6.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	24	647.53	26.98	.224	71.95	6.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 812.00	\$.00	.000	\$ 812.00	\$ 7.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	812.00	.00	.000	812.00	7.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	33.96	\$	33.96	.009	\$	33.96	\$	.32
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		33.96		33.96	.009		33.96		.32

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

PAGE 14,636 01/17/03

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	726	\$ 7,075.34	\$ 9.75	6.785	\$ 336.92	\$ 66.12
DURABLE MED. EQUIP.	1	2	76.11	38.06	.019	76.11	.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	11	254.80	23.16	.103	84.93	2.38
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	11	254.80	23.16	.103	84.93	2.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	74	4,930.05	66.62	.692	410.84	46.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	13	1,378.51	106.04	.121	344.63	12.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	2	379.76	189.88	.019	189.88	3.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	624	56.11	.09	5.832	56.11	.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	27	63	\$ 4,034.05	\$ 64.03	.589	\$ 149.41	\$ 37.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 14,637 01/17/03

2,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	1,909	64,096	\$	1,338,769.32	\$	20.89	26.519	\$	701.29	\$	553.90
@PHYSICIANS SERVICES	333	1,563	\$	66,420.77	\$	42.50	.647	\$	199.46	\$	27.48
OUTPATIENT VISITS	16	30		680.49		22.68	.012		42.53		.28
OFFICE VISITS	15	29		625.23		21.56	.012		41.68		.26
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		55.26		55.26	.000		55.26		.02
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	3		171.70		57.23	.001		171.70		.07
HOSPITAL VISITS	1	3		171.70		57.23	.001		171.70		.07
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		135.63		33.91	.002		33.91		.06
EXAMINATIONS	4	4		135.63		33.91	.002		33.91		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	10	40		2,795.63		69.89	.017		279.56		1.16
PRINCIPAL SURGEON	7	12		2,200.75		183.40	.005		314.39		.91
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	28		594.88		21.25	.012		148.72		.25
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	52		778.87		14.98	.022		59.91		.32
RADIOLOGY	9	20		955.99		47.80	.008		106.22		.40
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	438		49,173.28		112.27	.181		6146.66		20.34
OTHER SERVICES/ALL X-OVERS	315	976		11,729.18		12.02	.404		37.24		4.85
@PHARMACY	1,667	25,827	\$	779,591.38	\$	30.19	10.686	\$	467.66	\$	322.55
PRESCRIPTION DRUGS	1,652	8,348		764,578.16		91.59	3.454		462.82		316.33

SNF/ICF	3	19	3,058.80	160.99	.008	1019.60	1.27
OUTPATIENTS	1,649	8,329	761,519.36	91.43	3.446	461.81	315.07
MEDICAL SUPPLIES	171	17,479	15,013.22	.86	7.232	87.80	6.21
@DENTIST	181	693	\$ 29,881.96	\$ 43.12	.287	\$ 165.09	\$ 12.36
VISITS - DIAGNOSTIC	135	442	7,186.50	16.26	.183	53.23	2.97
ORAL SURGERY	12	17	997.00	58.65	.007	83.08	.41
DRUGS	3	4	25.00	6.25	.002	8.33	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	14	16	2,030.00	126.88	.007	145.00	.84
ENDODONTICS	7	9	1,665.00	185.00	.004	237.86	.69
RESTORATIVE DENTISTRY	46	126	9,956.00	79.02	.052	216.43	4.12
PROSTHETICS	2	2	30.00	15.00	.001	15.00	.01
DENTURES, STAYPLATES	21	73	7,610.68	104.26	.030	362.41	3.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	381.78	190.89	.001	381.78	.16
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 14,638 01/17/03

2,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	83	\$ 1,527.17	\$ 18.40	.034	\$ 47.72	\$.63
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.002	47.45	.08
EYE APPLIANCES	24	69	1,170.81	16.97	.029	48.78	.48
OTHER OPTOMETRIC SERVICES	7	10	166.56	16.66	.004	23.79	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	34	46	\$ 489.88	\$ 10.65	.019	\$ 14.41	\$.20
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	34	46	489.88	10.65	.019	14.41	.20
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	259	1,455	\$ 59,152.43	\$ 40.65	.602	\$ 228.39	\$ 24.47
HOSP INPATIENT TOTAL	33	369	34,880.87	94.53	.153	1057.00	14.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	5,310.44	1770.15	.001	5310.44	2.20
ACCOMMODATIONS	1	3	1,841.38	613.79	.001	1841.38	.76
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,858.68	619.56	.001	1858.68	.77
ANCILLARIES	1	0	3,469.06	.00	.000	3469.06	1.44
INPATIENT CROSSOVERS	32	366	29,570.43	80.79	.151	924.08	12.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	237	1,086	24,271.56	22.35	.449	102.41	10.04
MEDICAL	4	5	119.35	23.87	.002	29.84	.05
SURGERY	6	8	403.38	50.42	.003	67.23	.17
PATHOLOGY	9	37	431.62	11.67	.015	47.96	.18

RADIOLOGY	5	11	595.45	54.13	.005	119.09	.25
ROOM USE	8	23	1,513.95	65.82	.010	189.24	.63
CROSSOVERS/ALL OTH OUTPTNT	227	1,002	21,207.81	21.17	.415	93.43	8.77
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,639
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

					----- MONTHLY AVERAGE -----			
2,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	259	1,455	\$ 59,152.43	\$ 40.65	.602	\$ 228.39	\$ 24.47	
COMM HOSP INPATIENT TOTAL	33	369	34,880.87	94.53	.153	1057.00	14.43	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	3	5,310.44	1770.15	.001	5310.44	2.20	
ACCOMMODATIONS	1	3	1,841.38	613.79	.001	1841.38	.76	
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	3	1,858.68	619.56	.001	1858.68	.77	
ANCILLARIES	1	0	3,469.06	.00	.000	3469.06	1.44	
INPATIENT CROSSOVERS	32	366	29,570.43	80.79	.151	924.08	12.23	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	237	1,086	24,271.56	22.35	.449	102.41	10.04	
MEDICAL	4	5	119.35	23.87	.002	29.84	.05	
SURGERY	6	8	403.38	50.42	.003	67.23	.17	
PATHOLOGY	9	37	431.62	11.67	.015	47.96	.18	
RADIOLOGY	5	11	595.45	54.13	.005	119.09	.25	
ROOM USE	8	23	1,513.95	65.82	.010	189.24	.63	
CROSSOVERS/ALL OTH OUTPTNT	227	1,002	21,207.81	21.17	.415	93.43	8.77	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	5	55	\$ 12,370.53	\$ 224.92	.023	\$ 2474.11	\$ 5.12	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	41	4,958.13	120.93	.017	4958.13	2.05	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	4	14	7,412.40	529.46	.006	1853.10	3.07	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	32	\$ 17,212.64	\$ 537.90	.013	\$ 717.19	\$ 7.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	24	32	17,212.64	537.90	.013	717.19	7.12
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	21	\$ 254.53	\$ 12.12	.009	\$ 28.28	\$.11
PATHOLOGY	9	21	254.53	12.12	.009	28.28	.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	183	320	\$ 16,627.34	\$ 51.96	.132	\$ 90.86	\$ 6.88
CLINIC	1	5	91.91	18.38	.002	91.91	.04
SURGICENTER	2	2	416.42	208.21	.001	208.21	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	180	313	16,119.01	51.50	.129	89.55	6.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

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	2,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	322	34,001	\$	355,240.69	\$ 10.45	14.067	\$ 1103.23	\$ 146.98
DURABLE MED. EQUIP.	27	101		29,441.54	291.50	.042	1090.43	12.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	78	6,462		20,167.28	3.12	2.674	258.55	8.34
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	45	5,952		16,878.88	2.84	2.463	375.09	6.98
OTHER SERVICES	40	510		3,288.40	6.45	.211	82.21	1.36
ACUPUNCTURE	6	33		519.06	15.73	.014	86.51	.21
ADULT DAY HEALTH CARE CTR	36	365		24,352.06	66.72	.151	676.45	10.08
GENETIC DISEASE TESTING	1	1		41.00	41.00	.000	41.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	21	8,483		254,151.94	29.96	3.510	12102.47	105.15
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	45	100		1,567.03	15.67	.041	34.82	.65
PHYSICAL THERAPIST	1	3		1.03	.34	.001	1.03	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	15		117.71	7.85	.006	39.24	.05
SPEECH AND AUDIOLOGY	11	84		3,138.04	37.36	.035	285.28	1.30
HOSPICE SERVICES	1	17		1,823.76	107.28	.007	1823.76	.75
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	48		533.69	11.12	.020	106.74	.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	194	18,289		19,386.55	1.06	7.567	99.93	8.02
@CALIF. CHILDREN SERVICES*	0	8CR	\$	328.63CR	\$ 41.08	.003CR\$	.00	\$.14CR
@XOVER EXCLUDING STATE HOSP**	669	16,596	\$	105,956.22	\$ 6.38	6.866	\$ 158.38	\$ 43.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0 \$	.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,643
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,644
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 14,645

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

						----- MONTHLY AVERAGE -----		
4,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,768	96,572	\$ 2,113,334.73	\$ 21.88	20.250	\$ 560.86	\$ 443.14	
@PHYSICIANS SERVICES	685	2,764	\$ 84,113.87	\$ 30.43	.580	\$ 122.79	\$ 17.64	
OUTPATIENT VISITS	16	30	680.49	22.68	.006	42.53	.14	
OFFICE VISITS	15	29	625.23	21.56	.006	41.68	.13	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	55.26	55.26	.000	55.26	.01	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	1	3	171.70	57.23	.001	171.70	.04	
HOSPITAL VISITS	1	3	171.70	57.23	.001	171.70	.04	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	6	6	217.07	36.18	.001	36.18	.05	
EXAMINATIONS	6	6	217.07	36.18	.001	36.18	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	10	40	2,795.63	69.89	.008	279.56	.59	
PRINCIPAL SURGEON	7	12	2,200.75	183.40	.003	314.39	.46	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	28	594.88	21.25	.006	148.72	.12	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	14	53	789.81	14.90	.011	56.42	.17	
RADIOLOGY	9	20	955.99	47.80	.004	106.22	.20	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	8	438	49,173.28	112.27	.092	6146.66	10.31	
OTHER SERVICES/ALL X-OVERS	664	2,174	29,329.90	13.49	.456	44.17	6.15	
@PHARMACY	3,313	46,055	\$ 1,224,329.20	\$ 26.58	9.657	\$ 369.55	\$ 256.73	
PRESCRIPTION DRUGS	3,275	15,478	1,189,704.93	76.86	3.246	363.27	249.47	
SNF/ICF	26	164	10,889.85	66.40	.034	418.84	2.28	
OUTPATIENTS	3,255	15,314	1,178,815.08	76.98	3.211	362.16	247.18	
MEDICAL SUPPLIES	378	30,577	34,624.27	1.13	6.412	91.60	7.26	
@DENTIST	270	984	\$ 43,932.96	\$ 44.65	.206	\$ 162.71	\$ 9.21	
VISITS - DIAGNOSTIC	196	593	9,983.50	16.84	.124	50.94	2.09	
ORAL SURGERY	24	58	3,491.00	60.19	.012	145.46	.73	
DRUGS	3	4	25.00	6.25	.001	8.33	.01	
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.04	
PERIODONTICS	14	16	2,030.00	126.88	.003	145.00	.43	
ENDODONTICS	9	11	1,880.00	170.91	.002	208.89	.39	
RESTORATIVE DENTISTRY	63	161	12,373.00	76.85	.034	196.40	2.59	
PROSTHETICS	3	3	60.00	20.00	.001	20.00	.01	

DENTURES, STAYPLATES	42	132	13,508.68	102.34	.028	321.64	2.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	381.78	190.89	.000	381.78	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 14,646
01/17/03

4,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	67	195	\$ 3,451.48	\$ 17.70	.041	\$ 51.51	\$.72
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.002	47.45	.09
EYE APPLIANCES	55	172	2,825.74	16.43	.036	51.38	.59
OTHER OPTOMETRIC SERVICES	9	14	198.69	14.19	.003	22.08	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	100	143	\$ 1,425.57	\$ 9.97	.030	\$ 14.26	\$.30
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	100	143	1,425.57	9.97	.030	14.26	.30
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	552	3,031	\$ 122,631.38	\$ 40.46	.636	\$ 222.16	\$ 25.71
HOSP INPATIENT TOTAL	80	676	73,915.38	109.34	.142	923.94	15.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	5,310.44	1770.15	.001	5310.44	1.11
ACCOMMODATIONS	1	3	1,841.38	613.79	.001	1841.38	.39
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,858.68	619.56	.001	1858.68	.39
ANCILLARIES	1	0	3,469.06	.00	.000	3469.06	.73
INPATIENT CROSSOVERS	79	673	68,604.94	101.94	.141	868.42	14.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	498	2,355	48,716.00	20.69	.494	97.82	10.22
MEDICAL	4	5	119.35	23.87	.001	29.84	.03
SURGERY	6	8	403.38	50.42	.002	67.23	.08
PATHOLOGY	9	37	431.62	11.67	.008	47.96	.09
RADIOLOGY	5	11	595.45	54.13	.002	119.09	.12
ROOM USE	8	23	1,513.95	65.82	.005	189.24	.32
CROSSOVERS/ALL OTH OUTPTNT	488	2,271	45,652.25	20.10	.476	93.55	9.57
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,647
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	4,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	552		3,031	\$ 122,631.38	\$ 40.46	.636	\$ 222.16	\$ 25.71
COMM HOSP INPATIENT TOTAL	80		676	73,915.38	109.34	.142	923.94	15.50
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1		3	5,310.44	1770.15	.001	5310.44	1.11
ACCOMMODATIONS	1		3	1,841.38	613.79	.001	1841.38	.39
ADMINISTRATIVE DAYS	0		0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		3	1,858.68	619.56	.001	1858.68	.39
ANCILLARIES	1		0	3,469.06	.00	.000	3469.06	.73
INPATIENT CROSSOVERS	79		673	68,604.94	101.94	.141	868.42	14.39
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	498		2,355	48,716.00	20.69	.494	97.82	10.22
MEDICAL	4		5	119.35	23.87	.001	29.84	.03
SURGERY	6		8	403.38	50.42	.002	67.23	.08
PATHOLOGY	9		37	431.62	11.67	.008	47.96	.09
RADIOLOGY	5		11	595.45	54.13	.002	119.09	.12
ROOM USE	8		23	1,513.95	65.82	.005	189.24	.32

CROSSOVERS/ALL OTH OUTPTNT	488	2,271		45,652.25		20.10	.476	93.55	9.57
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	36	684	\$	84,694.08	\$	123.82	.143	\$ 2352.61	\$ 17.76
LEV A-INTERMEDIATE	1	8		676.96		84.62	.002	676.96	.14
LEV B-REHAB MD	5	161		13,895.13		86.31	.034	2779.03	2.91
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	30	515		70,121.99		136.16	.108	2337.40	14.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	32	\$	17,212.64	\$	537.90	.007	\$ 717.19	\$ 3.61
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	24	32		17,212.64		537.90	.007	717.19	3.61
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	21	\$	254.53	\$	12.12	.004	\$ 28.28	\$.05
PATHOLOGY	9	21		254.53		12.12	.004	28.28	.05
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	264	490	\$	24,309.65	\$	49.61	.103	\$ 92.08	\$ 5.10
CLINIC	1	5		91.91		18.38	.001	91.91	.02
SURGICENTER	11	15		2,171.31		144.75	.003	197.39	.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	252	470		22,046.43		46.91	.099	87.49	4.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,648
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	4,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	815	42,173	\$	506,979.37	\$ 12.02	8.843 \$ 622.06 \$ 106.31
DURABLE MED. EQUIP.	41	143		40,890.64	285.95	.030 997.33 8.57
BLOOD BANK	0	0		.00	.00	.000 .00 .00
HEARING AID DISPENSERS	20	23		5,038.13	219.05	.005 251.91 1.06
MEDICAL TRANSPORTATION	205	9,144		34,762.49	3.80	1.917 169.57 7.29
AMBULANCES/AIR TRANS	2	4		232.46	58.12	.001 116.23 .05
OTHER TRANS	104	7,972		25,561.17	3.21	1.672 245.78 5.36
OTHER SERVICES	114	1,168		8,968.86	7.68	.245 78.67 1.88
ACUPUNCTURE	6	33		519.06	15.73	.007 86.51 .11
ADULT DAY HEALTH CARE CTR	81	821		54,740.99	66.68	.172 675.81 11.48
GENETIC DISEASE TESTING	1	1		41.00	41.00	.000 41.00 .01
IHMC,MODEL-NF,NF,AIDS,MSSP	203	9,496		327,324.96	34.47	1.991 1612.44 68.64
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000 .00 .00
OPTICIAN	91	222		3,398.23	15.31	.047 37.34 .71
PHYSICAL THERAPIST	1	3		1.03	.34	.001 1.03 .00
PORTABLE X-RAY	0	0		.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	5	10		262.70	26.27	.002 52.54 .06
PROSTHETICS	5	10		262.70	26.27	.002 52.54 .06
ORTHOTICS	0	0		.00	.00	.000 .00 .00
PSYCHOLOGIST	6	29		165.91	5.72	.006 27.65 .03
SPEECH AND AUDIOLOGY	28	122		3,732.11	30.59	.026 133.29 .78

HOSPICE SERVICES	1	17	1,823.76	107.28	.004	1823.76	.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	48	533.69	11.12	.010	106.74	.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	411	22,061	33,744.67	1.53	4.626	82.10	7.08
@CALIF. CHILDREN SERVICES*	0	8CR	\$ 328.63CR	\$ 41.08	.002CR\$	.00	\$.07CR
@XOVER EXCLUDING STATE HOSP**	1,437	20,745	\$ 216,631.80	\$ 10.44	4.350	\$ 150.75	\$ 45.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,649
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	726	22,216	\$ 383,938.94	\$ 17.28	25.131	\$ 528.84	\$ 434.32
@PHYSICIANS SERVICES	111	302	\$ 4,165.84	\$ 13.79	.342	\$ 37.53	\$ 4.71
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	111	302	4,165.84	13.79	.342	37.53	4.71
@PHARMACY	539	12,531	\$ 145,814.99	\$ 11.64	14.175	\$ 270.53	\$ 164.95
PRESCRIPTION DRUGS	521	2,352	136,735.05	58.14	2.661	262.45	154.68
SNF/ICF	18	67	3,971.22	59.27	.076	220.62	4.49
OUTPATIENTS	505	2,285	132,763.83	58.10	2.585	262.90	150.19
MEDICAL SUPPLIES	92	10,179	9,079.94	.89	11.515	98.70	10.27
@DENTIST	21	62	\$ 3,424.00	\$ 55.23	.070	\$ 163.05	\$ 3.87
VISITS - DIAGNOSTIC	12	37	575.00	15.54	.042	47.92	.65
ORAL SURGERY	2	7	508.00	72.57	.008	254.00	.57

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	5	11	891.00	81.00	.012	178.20	1.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	6	1,450.00	241.67	.007	362.50	1.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,650
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	21	\$ 383.07	\$ 18.24	.024	\$ 63.85	\$.43
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.11
EYE APPLIANCES	6	19	288.17	15.17	.021	48.03	.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	37	\$ 579.65	\$ 15.67	.042	\$ 26.35	\$.66
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	37	579.65	15.67	.042	26.35	.66
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	116	733	\$ 30,258.70	\$ 41.28	.829	\$ 260.85	\$ 34.23
HOSP INPATIENT TOTAL	20	209	18,203.06	87.10	.236	910.15	20.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	209	18,203.06	87.10	.236	910.15	20.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	524	12,055.64	23.01	.593	119.36	13.64
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	101	524	12,055.64	23.01	.593	119.36	13.64
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,651
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	733	\$ 30,258.70	\$ 41.28	.829	\$ 260.85	\$ 34.23
COMM HOSP INPATIENT TOTAL	20	209	18,203.06	87.10	.236	910.15	20.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	209	18,203.06	87.10	.236	910.15	20.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	101	524	12,055.64	23.01	.593	119.36	13.64
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	101	524	12,055.64	23.01	.593	119.36	13.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	520	\$ 64,631.91	\$ 124.29	.588	\$ 2393.77	\$ 73.11
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	27	520	64,631.91	124.29	.588	2393.77	73.11
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	20	\$ 10,784.34	\$ 539.22	.023	\$ 718.96	\$ 12.20
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	20	10,784.34	539.22	.023	718.96	12.20

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	48	90	\$	7,952.11	\$	88.36	.102	\$	165.67	\$	9.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		413.00		206.50	.002		206.50		.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	46	88		7,539.11		85.67	.100		163.89		8.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,652
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										
	AID CODE 18										

884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	313	7,900	\$	14.68	8.937	\$	131.16
DURABLE MED. EQUIP.	16	54		110.91	.061		6.78
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	3	5		359.92	.006		2.04
MEDICAL TRANSPORTATION	45	1,158		6.14	1.310		8.04
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	23	863		6.23	.976		6.08
OTHER SERVICES	27	295		5.87	.334		1.96
ACUPUNCTURE	4	10		17.30	.011		.20
ADULT DAY HEALTH CARE CTR	30	364		66.57	.412		27.41
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	174	1,052		64.16	1.190		76.35
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	5	11		12.60	.012		.16
PHYSICAL THERAPIST	0	0		.00	.000		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	795.79	265.26	.003	397.90	.90
HOSPICE SERVICES	4	35	3,620.70	103.45	.040	905.18	4.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	110	5,208	4,597.80	.88	5.891	41.80	5.20
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	296	3,661	\$ 64,229.53	\$ 17.54	4.141	\$ 216.99	\$ 72.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,653
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	460	\$ 18,557.47	\$ 40.34	15.862	\$ 976.71	\$ 639.91
@PHYSICIANS SERVICES	4	16	\$ 938.76	\$ 58.67	.552	\$ 234.69	\$ 32.37
OUTPATIENT VISITS	3	4	153.85	38.46	.138	51.28	5.31
OFFICE VISITS	2	3	85.50	28.50	.103	42.75	2.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.034	68.35	2.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	121.59	60.80	.069	121.59	4.19
EXAMINATIONS	1	2	121.59	60.80	.069	121.59	4.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	555.69	277.85	.069	277.85	19.16
PRINCIPAL SURGEON	2	2	555.69	277.85	.069	277.85	19.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.034	48.20	1.66
RADIOLOGY	1	1	6.92	6.92	.034	6.92	.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	6	52.51	8.75	.207	26.26	1.81
@PHARMACY	17	64	\$ 2,657.26	\$ 41.52	2.207	\$ 156.31	\$ 91.63
PRESCRIPTION DRUGS	16	59	2,422.79	41.06	2.034	151.42	83.54

SNF/ICF	1	12	545.37	45.45	.414	545.37	18.81
OUTPATIENTS	15	47	1,877.42	39.95	1.621	125.16	64.74
MEDICAL SUPPLIES	2	5	234.47	46.89	.172	117.24	8.09
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,654
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 16.00	\$ 16.00	.034	\$ 16.00	\$.55
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	16.00	16.00	.034	16.00	.55
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	23	\$ 7,486.22	\$ 325.49	.793	\$ 2495.41	\$ 258.15
HOSP INPATIENT TOTAL	1	4	7,147.19	1786.80	.138	7147.19	246.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4	7,147.19	1786.80	.138	7147.19	246.45
ACCOMMODATIONS	1	4	2,478.24	619.56	.138	2478.24	85.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,478.24	619.56	.138	2478.24	85.46
ANCILLARIES	1	0	4,668.95	.00	.000	4668.95	161.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	19	339.03	17.84	.655	113.01	11.69
MEDICAL	2	3	71.63	23.88	.103	35.82	2.47
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	12	154.03	12.84	.414	51.34	5.31

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	94.50	31.50	.103	47.25	3.26
CROSSOVERS/ALL OTH OUTPTNT	1	1	18.87	18.87	.034	18.87	.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,655
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	23	\$ 7,486.22	\$ 325.49	.793	\$ 2495.41	\$ 258.15
COMM HOSP INPATIENT TOTAL	1	4	7,147.19	1786.80	.138	7147.19	246.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	7,147.19	1786.80	.138	7147.19	246.45
ACCOMMODATIONS	1	4	2,478.24	619.56	.138	2478.24	85.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,478.24	619.56	.138	2478.24	85.46
ANCILLARIES	1	0	4,668.95	.00	.000	4668.95	161.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	19	339.03	17.84	.655	113.01	11.69
MEDICAL	2	3	71.63	23.88	.103	35.82	2.47
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	12	154.03	12.84	.414	51.34	5.31
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	94.50	31.50	.103	47.25	3.26
CROSSOVERS/ALL OTH OUTPTNT	1	1	18.87	18.87	.034	18.87	.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	26	\$	3,674.06	\$ 141.31	.897	\$ 3674.06	\$ 126.69
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	26		3,674.06	141.31	.897	3674.06	126.69
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	24.81	\$ 12.41	.069	\$ 24.81	\$.86
PATHOLOGY	1	2		24.81	12.41	.069	24.81	.86
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	448.10	\$ 149.37	.103	\$ 224.05	\$ 15.45
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		448.10	149.37	.103	224.05	15.45

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,656
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	325	\$ 3,312.26	\$ 10.19	11.207	\$ 828.07	\$ 114.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	301	1,780.90	5.92	10.379	593.63	61.41
AMBULANCES/AIR TRANS	1	6	154.80	25.80	.207	154.80	5.34
OTHER TRANS	3	295	1,626.10	5.51	10.172	542.03	56.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	22	1,478.09	67.19	.759	492.70	50.97
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	53.27	26.64	.069	53.27	1.84
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	8	\$ 108.71	\$ 13.59	.276	\$ 36.24	\$ 3.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 14,657
01/17/03

608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	498	41,849	\$ 698,945.96	\$ 16.70	68.831	\$ 1403.51	\$ 1149.58
@PHYSICIANS SERVICES	71	180	\$ 6,874.97	\$ 38.19	.296	\$ 96.83	\$ 11.31
OUTPATIENT VISITS	23	34	1,355.13	39.86	.056	58.92	2.23
OFFICE VISITS	18	26	810.84	31.19	.043	45.05	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	480.61	96.12	.008	120.15	.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	63.68	21.23	.005	31.84	.10
INPATIENT VISITS	5	10	776.05	77.61	.016	155.21	1.28
HOSPITAL VISITS	5	6	289.65	48.28	.010	57.93	.48
CRITICAL CARE	2	4	486.40	121.60	.007	243.20	.80
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	79.72	39.86	.003	39.86	.13
EXAMINATIONS	2	2	79.72	39.86	.003	39.86	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	617.61	205.87	.005	205.87	1.02
PRINCIPAL SURGEON	3	3	617.61	205.87	.005	205.87	1.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	7	1,526.26	218.04	.012	305.25	2.51
PRINCIPAL SURGEON	5	7	1,526.26	218.04	.012	305.25	2.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	67.48	33.74	.003	67.48	.11

RADIOLOGY	14	22		544.58		24.75	.036	38.90	.90
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	44	100		1,908.14		19.08	.164	43.37	3.14
@PHARMACY	395	23,508	\$	187,546.99	\$	7.98	38.664	\$ 474.80	\$ 308.47
PRESCRIPTION DRUGS	379	1,900		171,128.34		90.07	3.125	451.53	281.46
SNF/ICF	5	41		1,487.76		36.29	.067	297.55	2.45
OUTPATIENTS	375	1,859		169,640.58		91.25	3.058	452.37	279.01
MEDICAL SUPPLIES	91	21,608		16,418.65		.76	35.539	180.42	27.00
@DENTIST	13	77	\$	2,776.00	\$	36.05	.127	\$ 213.54	\$ 4.57
VISITS - DIAGNOSTIC	10	43		701.00		16.30	.071	70.10	1.15
ORAL SURGERY	2	18		698.00		38.78	.030	349.00	1.15
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	16		1,377.00		86.06	.026	344.25	2.26
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 14,658
MOP024				FEE-FOR-SERVICE/DENTAL					01/17/03
SONOMA COUNTY				SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED					AID CODE 68

608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	30	\$ 499.35	\$ 16.65	.049	\$ 62.42	\$.82
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	7	28	432.90	15.46	.046	61.84	.71
OTHER OPTOMETRIC SERVICES	1	1	19.00	19.00	.002	19.00	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	7	\$ 37.36	\$ 5.34	.012	\$ 7.47	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	37.36	5.34	.012	7.47	.06
@HOME HEALTH AGENCY	7	3,086	\$ 90,907.05	\$ 29.46	5.076	\$ 12986.72	\$ 149.52
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	69	465	\$ 71,409.52	\$ 153.57	.765	\$ 1034.92	\$ 117.45
HOSP INPATIENT TOTAL	8	99	62,351.91	629.82	.163	7793.99	102.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	24	57,955.91	2414.83	.039	14488.98	95.32
ACCOMMODATIONS	4	24	14,920.01	621.67	.039	3730.00	24.54
ADMINISTRATIVE DAYS	1	1	161.64	161.64	.002	161.64	.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	23	14,758.37	641.67	.038	3689.59	24.27
ANCILLARIES	4	0	43,035.90	.00	.000	10758.98	70.78

INPATIENT CROSSOVERS	4	75	4,396.00	58.61	.123	1099.00	7.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	62	366	9,057.61	24.75	.602	146.09	14.90
MEDICAL	11	22	910.56	41.39	.036	82.78	1.50
SURGERY	6	6	434.48	72.41	.010	72.41	.71
PATHOLOGY	15	78	750.95	9.63	.128	50.06	1.24
RADIOLOGY	6	13	659.00	50.69	.021	109.83	1.08
ROOM USE	14	25	878.72	35.15	.041	62.77	1.45
CROSSOVERS/ALL OTH OUTPTNT	48	222	5,423.90	24.43	.365	113.00	8.92
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	465	\$ 71,409.52	\$ 153.57	.765	\$ 1034.92	\$ 117.45
COMM HOSP INPATIENT TOTAL	8	99	62,351.91	629.82	.163	7793.99	102.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	24	57,955.91	2414.83	.039	14488.98	95.32
ACCOMMODATIONS	4	24	14,920.01	621.67	.039	3730.00	24.54
ADMINISTRATIVE DAYS	1	1	161.64	161.64	.002	161.64	.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	23	14,758.37	641.67	.038	3689.59	24.27
ANCILLARIES	4	0	43,035.90	.00	.000	10758.98	70.78
INPATIENT CROSSOVERS	4	75	4,396.00	58.61	.123	1099.00	7.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	62	366	9,057.61	24.75	.602	146.09	14.90
MEDICAL	11	22	910.56	41.39	.036	82.78	1.50
SURGERY	6	6	434.48	72.41	.010	72.41	.71
PATHOLOGY	15	78	750.95	9.63	.128	50.06	1.24
RADIOLOGY	6	13	659.00	50.69	.021	109.83	1.08
ROOM USE	14	25	878.72	35.15	.041	62.77	1.45
CROSSOVERS/ALL OTH OUTPTNT	48	222	5,423.90	24.43	.365	113.00	8.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	85	\$ 10,052.53	\$ 118.27	.140	\$ 2010.51	\$ 16.53
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	85		10,052.53	118.27	.140	2010.51	16.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	28	\$	4,658.79	\$ 166.39	.046	\$ 1552.93	\$ 7.66
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	28		4,658.79	166.39	.046	1552.93	7.66
@REHABILITATION FACILITY	6	361	\$	4,182.31	\$ 11.59	.594	\$ 697.05	\$ 6.88
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	361		4,182.31	11.59	.594	697.05	6.88
@LABORATORY FACILITY	9	32	\$	451.35	\$ 14.10	.053	\$ 50.15	\$.74
PATHOLOGY	9	32		451.35	14.10	.053	50.15	.74
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33	56	\$	6,290.84	\$ 112.34	.092	\$ 190.63	\$ 10.35
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	33	56		6,290.84	112.34	.092	190.63	10.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
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608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	164	13,934	\$ 313,258.90	\$ 22.48	22.918	\$ 1910.12	\$ 515.23
DURABLE MED. EQUIP.	34	130	21,421.61	164.78	.214	630.05	35.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	668	3,506.52	5.25	1.099	219.16	5.77
AMBULANCES/AIR TRANS	2	19	353.30	18.59	.031	176.65	.58
OTHER TRANS	11	613	2,986.03	4.87	1.008	271.46	4.91
OTHER SERVICES	4	36	167.19	4.64	.059	41.80	.27
ACUPUNCTURE	2	7	108.14	15.45	.012	54.07	.18
ADULT DAY HEALTH CARE CTR	24	309	20,583.03	66.61	.508	857.63	33.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	8,140	240,226.13	29.51	13.388	21838.74	395.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	240.12	20.01	.020	40.02	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14	1,665.77	118.98	.023	333.15	2.74
PROSTHETICS	5	14	1,665.77	118.98	.023	333.15	2.74
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	149	20,768.22	139.38	.245	3461.37	34.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	76	818.52	10.77	.125	163.70	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	71	4,429		3,920.84		.89	7.285	55.22	6.45
@CALIF. CHILDREN SERVICES*	29	1,011	\$	45,156.62	\$	44.67	1.663	\$ 1557.12	\$ 74.27
@XOVER EXCLUDING STATE HOSP**	144	13,759	\$	16,099.62	\$	1.17	22.630	\$ 111.80	\$ 26.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

						----- MONTHLY AVERAGE -----			
1,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,243	64,525	\$ 1,101,442.37	\$ 17.07	42.423	\$ 886.12	\$ 724.16		
@PHYSICIANS SERVICES	186	498	\$ 11,979.57	\$ 24.06	.327	\$ 64.41	\$ 7.88		
OUTPATIENT VISITS	26	38	1,508.98	39.71	.025	58.04	.99		
OFFICE VISITS	20	29	896.34	30.91	.019	44.82	.59		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	5	6	548.96	91.49	.004	109.79	.36		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	2	3	63.68	21.23	.002	31.84	.04		
INPATIENT VISITS	5	10	776.05	77.61	.007	155.21	.51		
HOSPITAL VISITS	5	6	289.65	48.28	.004	57.93	.19		
CRITICAL CARE	2	4	486.40	121.60	.003	243.20	.32		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	3	4	201.31	50.33	.003	67.10	.13		
EXAMINATIONS	3	4	201.31	50.33	.003	67.10	.13		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	3	3	617.61	205.87	.002	205.87	.41		
PRINCIPAL SURGEON	3	3	617.61	205.87	.002	205.87	.41		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	7	9	2,081.95	231.33	.006	297.42	1.37		
PRINCIPAL SURGEON	7	9	2,081.95	231.33	.006	297.42	1.37		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	2	3	115.68	38.56	.002	57.84	.08		
RADIOLOGY	15	23	551.50	23.98	.015	36.77	.36		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	157	408	6,126.49	15.02	.268	39.02	4.03		
@PHARMACY	951	36,103	\$ 336,019.24	\$ 9.31	23.736	\$ 353.33	\$ 220.92		
PRESCRIPTION DRUGS	916	4,311	310,286.18	71.98	2.834	338.74	204.00		
SNF/ICF	24	120	6,004.35	50.04	.079	250.18	3.95		
OUTPATIENTS	895	4,191	304,281.83	72.60	2.755	339.98	200.05		
MEDICAL SUPPLIES	185	31,792	25,733.06	.81	20.902	139.10	16.92		
@DENTIST	34	139	\$ 6,200.00	\$ 44.60	.091	\$ 182.35	\$ 4.08		
VISITS - DIAGNOSTIC	22	80	1,276.00	15.95	.053	58.00	.84		
ORAL SURGERY	4	25	1,206.00	48.24	.016	301.50	.79		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	1	1	.00	.00	.001	.00	.00		
RESTORATIVE DENTISTRY	9	27	2,268.00	84.00	.018	252.00	1.49		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		

DENTURES, STAYPLATES	4	6	1,450.00	241.67	.004	362.50	.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT

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1,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	51	\$ 882.42	\$ 17.30	.034	\$ 63.03	\$.58
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.002	47.45	.09
EYE APPLIANCES	13	47	721.07	15.34	.031	55.47	.47
OTHER OPTOMETRIC SERVICES	1	1	19.00	19.00	.001	19.00	.01
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	45	\$ 633.01	\$ 14.07	.030	\$ 22.61	\$.42
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	28	45	633.01	14.07	.030	22.61	.42
@HOME HEALTH AGENCY	7	3,086	\$ 90,907.05	\$ 29.46	2.029	\$ 12986.72	\$ 59.77
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	188	1,221	\$ 109,154.44	\$ 89.40	.803	\$ 580.61	\$ 71.76
HOSP INPATIENT TOTAL	29	312	87,702.16	281.10	.205	3024.21	57.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	5	28	65,103.10	2325.11	.018	13020.62	42.80
ACCOMMODATIONS	5	28	17,398.25	621.37	.018	3479.65	11.44
ADMINISTRATIVE DAYS	1	1	161.64	161.64	.001	161.64	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	27	17,236.61	638.39	.018	3447.32	11.33
ANCILLARIES	5	0	47,704.85	.00	.000	9540.97	31.36
INPATIENT CROSSOVERS	24	284	22,599.06	79.57	.187	941.63	14.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	166	909	21,452.28	23.60	.598	129.23	14.10
MEDICAL	13	25	982.19	39.29	.016	75.55	.65
SURGERY	6	6	434.48	72.41	.004	72.41	.29
PATHOLOGY	18	90	904.98	10.06	.059	50.28	.59
RADIOLOGY	6	13	659.00	50.69	.009	109.83	.43
ROOM USE	16	28	973.22	34.76	.018	60.83	.64
CROSSOVERS/ALL OTH OUTPTNT	150	747	17,498.41	23.42	.491	116.66	11.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	1,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	188	1,221	\$	109,154.44	\$ 89.40	.803 \$ 580.61	\$ 71.76
COMM HOSP INPATIENT TOTAL	29	312		87,702.16	281.10	.205 3024.21	57.66
HSC HOSPITALS	0	0		.00	.00	.000 .00	.00
NON-HSC HOSPITALS TOTAL	5	28		65,103.10	2325.11	.018 13020.62	42.80
ACCOMMODATIONS	5	28		17,398.25	621.37	.018 3479.65	11.44
ADMINISTRATIVE DAYS	1	1		161.64	161.64	.001 161.64	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	.00
ALL OTHER ACCOM	5	27		17,236.61	638.39	.018 3447.32	11.33
ANCILLARIES	5	0		47,704.85	.00	.000 9540.97	31.36
INPATIENT CROSSOVERS	24	284		22,599.06	79.57	.187 941.63	14.86
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	166	909		21,452.28	23.60	.598 129.23	14.10
MEDICAL	13	25		982.19	39.29	.016 75.55	.65
SURGERY	6	6		434.48	72.41	.004 72.41	.29
PATHOLOGY	18	90		904.98	10.06	.059 50.28	.59
RADIOLOGY	6	13		659.00	50.69	.009 109.83	.43
ROOM USE	16	28		973.22	34.76	.018 60.83	.64

CROSSOVERS/ALL OTH OUTPTNT	150	747		17,498.41	23.42	.491	116.66	11.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	32	605	\$	74,684.44	\$ 123.45	.398	\$ 2333.89	\$ 49.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	32	605		74,684.44	123.45	.398	2333.89	49.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	74	\$	19,117.19	\$ 258.34	.049	\$ 1006.17	\$ 12.57
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	74		19,117.19	258.34	.049	1006.17	12.57
@REHABILITATION FACILITY	6	361	\$	4,182.31	\$ 11.59	.237	\$ 697.05	\$ 2.75
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	361		4,182.31	11.59	.237	697.05	2.75
@LABORATORY FACILITY	10	34	\$	476.16	\$ 14.00	.022	\$ 47.62	\$.31
PATHOLOGY	10	34		476.16	14.00	.022	47.62	.31
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	83	149	\$	14,691.05	\$ 98.60	.098	\$ 177.00	\$ 9.66
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		413.00	206.50	.001	206.50	.27
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	81	147		14,278.05	97.13	.097	176.27	9.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,664
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	1,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	481	22,159	\$	432,515.49	\$ 19.52	14.569	\$ 899.20	\$ 284.36
DURABLE MED. EQUIP.	50	184		27,410.92	148.97	.121	548.22	18.02
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5		1,799.62	359.92	.003	599.87	1.18
MEDICAL TRANSPORTATION	64	2,127		12,392.94	5.83	1.398	193.64	8.15
AMBULANCES/AIR TRANS	3	25		508.10	20.32	.016	169.37	.33
OTHER TRANS	37	1,771		9,986.63	5.64	1.164	269.91	6.57
OTHER SERVICES	31	331		1,898.21	5.73	.218	61.23	1.25
ACUPUNCTURE	6	17		281.15	16.54	.011	46.86	.18
ADULT DAY HEALTH CARE CTR	57	695		46,293.13	66.61	.457	812.16	30.44
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	185	9,192		307,718.15	33.48	6.043	1663.34	202.31
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11	23		378.67	16.46	.015	34.42	.25
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14		1,665.77	118.98	.009	333.15	1.10
PROSTHETICS	5	14		1,665.77	118.98	.009	333.15	1.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3		795.79	265.26	.002	397.90	.52

HOSPICE SERVICES	10	184		24,388.92	132.55	.121	2438.89	16.03
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	76		818.52	10.77	.050	163.70	.54
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	182	9,639		8,571.91	.89	6.337	47.10	5.64
@CALIF. CHILDREN SERVICES*	29	1,011	\$	45,156.62	\$ 44.67	.665	\$ 1557.12	\$ 29.69
@XOVER EXCLUDING STATE HOSP**	443	17,428	\$	80,437.86	\$ 4.62	11.458	\$ 181.58	\$ 52.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,665
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

22,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,631	226,829	\$ 6,759,076.84	\$ 29.80	10.251	\$ 432.41	\$ 305.45
@PHYSICIANS SERVICES	2,936	9,857	\$ 140,405.21	\$ 14.24	.445	\$ 47.82	\$ 6.35
OUTPATIENT VISITS	78	149	3,885.41	26.08	.007	49.81	.18
OFFICE VISITS	61	73	2,722.89	37.30	.003	44.64	.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	772.69	59.44	.001	64.39	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	63	389.83	6.19	.003	64.97	.02
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	9	317.30	35.26	.000	317.30	.01
HOSPITAL VISITS	1	9	317.30	35.26	.000	317.30	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	17	18	842.56	46.81	.001	49.56	.04
EXAMINATIONS	16	17	816.09	48.01	.001	51.01	.04
SERVICES AND MATERIALS	1	1	26.47	26.47	.000	26.47	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	38	4,794.11	126.16	.002	299.63	.22
PRINCIPAL SURGEON	14	26	4,436.00	170.62	.001	316.86	.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	12	358.11	29.84	.001	119.37	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	32	549.72	17.18	.001	27.49	.02
RADIOLOGY	39	60	2,689.84	44.83	.003	68.97	.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	59.85	14.96	.000	29.93	.00
OTHER SERVICES/ALL X-OVERS	2,824	9,547	127,266.42	13.33	.431	45.07	5.75
@PHARMACY	13,174	119,818	\$ 2,938,271.02	\$ 24.52	5.415	\$ 223.04	\$ 132.79
PRESCRIPTION DRUGS	13,034	46,863	2,832,441.33	60.44	2.118	217.31	128.00
SNF/ICF	372	1,994	103,682.29	52.00	.090	278.72	4.69
OUTPATIENTS	12,690	44,869	2,728,759.04	60.82	2.028	215.03	123.32
MEDICAL SUPPLIES	1,105	72,955	105,829.69	1.45	3.297	95.77	4.78
@DENTIST	828	2,991	\$ 150,430.27	\$ 50.29	.135	\$ 181.68	\$ 6.80
VISITS - DIAGNOSTIC	543	1,767	26,851.01	15.20	.080	49.45	1.21
ORAL SURGERY	101	285	15,236.83	53.46	.013	150.86	.69

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	4	4	400.00	100.00	.000	100.00	.02
PERIODONTICS	29	29	4,440.00	153.10	.001	153.10	.20
ENDODONTICS	37	50	9,511.00	190.22	.002	257.05	.43
RESTORATIVE DENTISTRY	188	409	37,873.00	92.60	.018	201.45	1.71
PROSTHETICS	10	10	180.00	18.00	.000	18.00	.01
DENTURES, STAYPLATES	164	434	55,938.43	128.89	.020	341.09	2.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,666
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

22,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	383	1,150	\$ 20,117.42	\$ 17.49	.052	\$ 52.53	\$.91
DIAGNOSTIC AND ANC. PROCED	46	52	2,224.74	42.78	.002	48.36	.10
EYE APPLIANCES	319	949	15,579.89	16.42	.043	48.84	.70
OTHER OPTOMETRIC SERVICES	69	149	2,312.79	15.52	.007	33.52	.10
@CHIROPRACTOR	6	16	\$ 228.06	\$ 14.25	.001	\$ 38.01	\$.01
VISITS	3	9	150.48	16.72	.000	50.16	.01
OTHER SERVICES	3	7	77.58	11.08	.000	25.86	.00
@PODIATRIST	390	735	\$ 7,153.03	\$ 9.73	.033	\$ 18.34	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	390	735	7,153.03	9.73	.033	18.34	.32
@HOME HEALTH AGENCY	2	11	\$ 819.76	\$ 74.52	.000	\$ 409.88	\$.04
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,346	10,490	\$ 751,264.66	\$ 71.62	.474	\$ 320.23	\$ 33.95
HOSP INPATIENT TOTAL	287	1,719	561,902.64	326.88	.078	1957.85	25.39
HSC HOSPITALS	5	28	36,731.33	1311.83	.001	7346.27	1.66
NON-HSC HOSPITAL TOTAL	44	169	334,899.50	1981.65	.008	7611.35	15.13
ACCOMMODATIONS	44	169	93,599.68	553.84	.008	2127.27	4.23
ADMINISTRATIVE DAYS	5	23	3,632.14	157.92	.001	726.43	.16
TRANSITIONAL IP CARE	0	0	478.24	.00	.000	.00	.02
ALL OTHER ACCOM	40	146	89,489.30	612.94	.007	2237.23	4.04
ANCILLARIES	43	0	241,299.82	.00	.000	5611.62	10.90
INPATIENT CROSSOVERS	238	1,522	190,271.82	125.01	.069	799.46	8.60
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,158	8,771	189,362.02	21.59	.396	87.75	8.56
MEDICAL	76	123	4,349.09	35.36	.006	57.22	.20
SURGERY	10	12	554.85	46.24	.001	55.49	.03
PATHOLOGY	61	222	2,731.56	12.30	.010	44.78	.12
RADIOLOGY	32	49	4,104.33	83.76	.002	128.26	.19
ROOM USE	69	108	4,381.07	40.57	.005	63.49	.20
CROSSOVERS/ALL OTH OUTPTNT	2,071	8,257	173,241.12	20.98	.373	83.65	7.83
@COUNTY HOSPITAL TOTAL	4	22	\$ 7,498.59	\$ 340.85	.001	\$ 1874.65	\$.34
CO HOSPITAL INPATIENT TOTAL	1	7	7,212.04	1030.29	.000	7212.04	.33
HSC HOSPITALS	1	7	7,212.04	1030.29	.000	7212.04	.33

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	15	286.55	19.10	.001	95.52	.01
MEDICAL	1	2	35.78	17.89	.000	35.78	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	63.62	7.95	.000	63.62	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	187.15	37.43	.000	62.38	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,667
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,128 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,342	10,468	\$ 743,766.07	\$ 71.05	.473	\$ 317.58	\$ 33.61
COMM HOSP INPATIENT TOTAL	286	1,712	554,690.60	324.00	.077	1939.48	25.07
HSC HOSPITALS	4	21	29,519.29	1405.68	.001	7379.82	1.33
NON-HSC HOSPITALS TOTAL	44	169	334,899.50	1981.65	.008	7611.35	15.13
ACCOMMODATIONS	44	169	93,599.68	553.84	.008	2127.27	4.23
ADMINISTRATIVE DAYS	5	23	3,632.14	157.92	.001	726.43	.16
TRANSITIONAL IP CARE	0	0	478.24	.00	.000	.00	.02
ALL OTHER ACCOM	40	146	89,489.30	612.94	.007	2237.23	4.04
ANCILLARIES	43	0	241,299.82	.00	.000	5611.62	10.90
INPATIENT CROSSOVERS	238	1,522	190,271.82	125.01	.069	799.46	8.60
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,155	8,756		189,075.47		21.59	.396	87.74	8.54
MEDICAL	75	121		4,313.31		35.65	.005	57.51	.19
SURGERY	10	12		554.85		46.24	.001	55.49	.03
PATHOLOGY	60	214		2,667.94		12.47	.010	44.47	.12
RADIOLOGY	32	49		4,104.33		83.76	.002	128.26	.19
ROOM USE	69	108		4,381.07		40.57	.005	63.49	.20
CROSSOVERS/ALL OTH OUTPTNT	2,068	8,252		173,053.97		20.97	.373	83.68	7.82
@STATE HOSPITAL	36	1,088	\$	471,038.55	\$	432.94	.049	\$ 13084.40	\$ 21.29
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	36	1,088		471,038.55		432.94	.049	13084.40	21.29
@NURSING FACILITY	425	10,117	\$	1,348,832.27	\$	133.32	.457	\$ 3173.72	\$ 60.96
LEV A-INTERMEDIATE	1	8		676.96		84.62	.000	676.96	.03
LEV B-REHAB MD	4	120		8,937.00		74.48	.005	2234.25	.40
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	420	9,989		1,339,218.31		134.07	.451	3188.62	60.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	75	103	\$	53,053.00	\$	515.08	.005	\$ 707.37	\$ 2.40
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	75	103		53,053.00		515.08	.005	707.37	2.40
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	32	99	\$	1,611.14	\$	16.27	.004	\$ 50.35	\$.07
PATHOLOGY	28	93		1,491.10		16.03	.004	53.25	.07
XO AND OTHERS	4	6		120.04		20.01	.000	30.01	.01
@ORGANIZED OUTPATIENT CLINIC	1,132	1,790	\$	88,672.65	\$	49.54	.081	\$ 78.33	\$ 4.01
CLINIC	4	4		93.86		23.47	.000	23.47	.00
SURGICENTER	90	113		18,954.20		167.74	.005	210.60	.86
HEROIN DETOX CLINIC	1	8		120.21		15.03	.000	120.21	.01
RURAL HEALTH CLINIC	1,040	1,665		69,504.38		41.74	.075	66.83	3.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,668
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
22,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,106	68,564	\$ 787,179.80	\$ 11.48	3.099	\$ 253.44	\$ 35.57	
DURABLE MED. EQUIP.	113	307	59,607.64	194.16	.014	527.50	2.69	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	81	120	19,209.52	160.08	.005	237.15	.87	
MEDICAL TRANSPORTATION	570	15,405	79,300.38	5.15	.696	139.12	3.58	
AMBULANCES/AIR TRANS	10	59	1,248.98	21.17	.003	124.90	.06	
OTHER TRANS	215	11,570	50,317.91	4.35	.523	234.04	2.27	
OTHER SERVICES	381	3,776	27,733.49	7.34	.171	72.79	1.25	
ACUPUNCTURE	28	80	1,378.69	17.23	.004	49.24	.06	
ADULT DAY HEALTH CARE CTR	119	1,263	84,196.88	66.66	.057	707.54	3.80	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	932	5,536	370,694.07	66.96	.250	397.74	16.75	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	475	1,154	14,994.05	12.99	.052	31.57	.68	
PHYSICAL THERAPIST	4	22	127.85	5.81	.001	31.96	.01	

PORTABLE X-RAY	3	9	6.45	.72	.000	2.15	.00
PROSTHETIST/ORTHOTISTS	9	16	398.01	24.88	.001	44.22	.02
PROSTHETICS	9	16	398.01	24.88	.001	44.22	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	28	185.76	6.63	.001	18.58	.01
SPEECH AND AUDIOLOGY	101	224	12,967.74	57.89	.010	128.39	.59
HOSPICE SERVICES	29	661	80,889.16	122.37	.030	2789.28	3.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,270	43,739	63,223.60	1.45	1.977	49.78	2.86
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	5,737	42,111	784,653.82	18.63	1.903	136.77	35.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,669
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

2,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,942	123,801	\$ 1,789,778.79	\$ 14.46	44.389	\$ 921.62	\$ 641.73
@PHYSICIANS SERVICES	493	1,694	\$ 64,531.09	\$ 38.09	.607	\$ 130.89	\$ 23.14
OUTPATIENT VISITS	189	299	10,870.93	36.36	.107	57.52	3.90
OFFICE VISITS	155	236	7,329.52	31.06	.085	47.29	2.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	48	2,882.64	60.06	.017	73.91	1.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15	658.77	43.92	.005	59.89	.24
INPATIENT VISITS	44	294	10,266.16	34.92	.105	233.32	3.68
HOSPITAL VISITS	43	284	9,076.28	31.96	.102	211.08	3.25
CRITICAL CARE	2	10	1,189.88	118.99	.004	594.94	.43
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	31	40	1,846.63	46.17	.014	59.57	.66
EXAMINATIONS	30	39	1,811.34	46.44	.014	60.38	.65
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	17	83	6,636.52	79.96	.030	390.38	2.38
PRINCIPAL SURGEON	13	19	4,729.82	248.94	.007	363.83	1.70
ASSISTANT SURGEON	1	1	238.27	238.27	.000	238.27	.09
ANESTHESIOLOGIST	9	63	1,668.43	26.48	.023	185.38	.60
OUTPATIENT SURGERY	40	120	10,422.31	86.85	.043	260.56	3.74
PRINCIPAL SURGEON	24	34	7,240.63	212.96	.012	301.69	2.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	86	3,181.68	37.00	.031	176.76	1.14
DIALYSIS	3	20	797.14	39.86	.007	265.71	.29
PATHOLOGY	29	55	892.34	16.22	.020	30.77	.32
RADIOLOGY	73	123	5,934.39	48.25	.044	81.29	2.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	13	424.75	32.67	.005	53.09	.15
OTHER SERVICES/ALL X-OVERS	264	647	16,439.92	25.41	.232	62.27	5.89
@PHARMACY	1,559	38,565	\$ 465,764.22	\$ 12.08	13.828	\$ 298.76	\$ 167.00
PRESCRIPTION DRUGS	1,526	6,247	415,615.83	66.53	2.240	272.36	149.02

SNF/ICF	19	126	7,412.87	58.83	.045	390.15	2.66
OUTPATIENTS	1,510	6,121	408,202.96	66.69	2.195	270.33	146.36
MEDICAL SUPPLIES	271	32,318	50,148.39	1.55	11.588	185.05	17.98
@DENTIST	136	522	\$ 24,366.50	\$ 46.68	.187	\$ 179.17	\$ 8.74
VISITS - DIAGNOSTIC	99	322	5,061.00	15.72	.115	51.12	1.81
ORAL SURGERY	20	77	4,022.00	52.23	.028	201.10	1.44
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.07
PERIODONTICS	6	13	1,680.00	129.23	.005	280.00	.60
ENDODONTICS	6	10	2,580.00	258.00	.004	430.00	.93
RESTORATIVE DENTISTRY	30	67	6,020.50	89.86	.024	200.68	2.16
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	12	29	4,773.00	164.59	.010	397.75	1.71
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 14,670
01/17/03

2,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	61	\$ 2,815.46	\$ 46.16	.022	\$ 108.29	\$ 1.01
DIAGNOSTIC AND ANC. PROCED	5	5	230.80	46.16	.002	46.16	.08
EYE APPLIANCES	16	48	2,114.82	44.06	.017	132.18	.76
OTHER OPTOMETRIC SERVICES	7	8	469.84	58.73	.003	67.12	.17
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	48	84	\$ 667.10	\$ 7.94	.030	\$ 13.90	\$.24
MEDICINE/INJECTIONS	7	8	210.00	26.25	.003	30.00	.08
SURGERY/ANES.	1	1	27.18	27.18	.000	27.18	.01
RADIO./PATHOLOGY	2	3	60.54	20.18	.001	30.27	.02
OTHER	41	72	369.38	5.13	.026	9.01	.13
@HOME HEALTH AGENCY	54	4,243	\$ 139,343.02	\$ 32.84	1.521	\$ 2580.43	\$ 49.96
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	447	3,183	\$ 438,242.43	\$ 137.68	1.141	\$ 980.41	\$ 157.13
HOSP INPATIENT TOTAL	55	311	376,606.32	1210.95	.112	6847.39	135.03
HSC HOSPITALS	4	22	35,910.00	1632.27	.008	8977.50	12.88
NON-HSC HOSPITAL TOTAL	23	146	317,364.88	2173.73	.052	13798.47	113.79
ACCOMMODATIONS	23	146	77,685.75	532.09	.052	3377.64	27.85
ADMINISTRATIVE DAYS	6	35	7,780.20	222.29	.013	1296.70	2.79
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	111	69,905.55	629.78	.040	3495.28	25.06
ANCILLARIES	23	0	239,679.13	.00	.000	10420.83	85.94
INPATIENT CROSSOVERS	28	143	23,331.44	163.16	.051	833.27	8.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	416	2,872	61,636.11	21.46	1.030	148.16	22.10
MEDICAL	122	206	15,273.84	74.14	.074	125.20	5.48
SURGERY	21	25	2,163.03	86.52	.009	103.00	.78
PATHOLOGY	128	838	9,591.63	11.45	.300	74.93	3.44

RADIOLOGY	52	73	3,516.07	48.17	.026	67.62	1.26
ROOM USE	159	246	9,344.38	37.99	.088	58.77	3.35
CROSSOVERS/ALL OTH OUTPTNT	257	1,484	21,747.16	14.65	.532	84.62	7.80
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,671
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

	2,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	447	3,183	\$	438,242.43	\$ 137.68	1.141	\$ 980.41	\$ 157.13
COMM HOSP INPATIENT TOTAL	55	311		376,606.32	1210.95	.112	6847.39	135.03
HSC HOSPITALS	4	22		35,910.00	1632.27	.008	8977.50	12.88
NON-HSC HOSPITALS TOTAL	23	146		317,364.88	2173.73	.052	13798.47	113.79
ACCOMMODATIONS	23	146		77,685.75	532.09	.052	3377.64	27.85
ADMINISTRATIVE DAYS	6	35		7,780.20	222.29	.013	1296.70	2.79
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	111		69,905.55	629.78	.040	3495.28	25.06
ANCILLARIES	23	0		239,679.13	.00	.000	10420.83	85.94
INPATIENT CROSSOVERS	28	143		23,331.44	163.16	.051	833.27	8.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	416	2,872		61,636.11	21.46	1.030	148.16	22.10
MEDICAL	122	206		15,273.84	74.14	.074	125.20	5.48
SURGERY	21	25		2,163.03	86.52	.009	103.00	.78
PATHOLOGY	128	838		9,591.63	11.45	.300	74.93	3.44
RADIOLOGY	52	73		3,516.07	48.17	.026	67.62	1.26
ROOM USE	159	246		9,344.38	37.99	.088	58.77	3.35
CROSSOVERS/ALL OTH OUTPTNT	257	1,484		21,747.16	14.65	.532	84.62	7.80
@STATE HOSPITAL	24	730	\$	320,123.24	\$ 438.52	.262	\$ 13338.47	\$ 114.78
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	730		320,123.24	438.52	.262	13338.47	114.78
@NURSING FACILITY	21	461	\$	54,142.13	\$ 117.44	.165	\$ 2578.20	\$ 19.41
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	21	461		54,142.13	117.44	.165	2578.20	19.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	41	292	\$ 89,463.01	\$ 306.38	.105	\$ 2182.02	\$ 32.08
HOSPITAL BASED	6	153	61,952.40	404.92	.055	10325.40	22.21
HEMODIALYSIS CENTER	35	139	27,510.61	197.92	.050	786.02	9.86
@REHABILITATION FACILITY	25	390	\$ 5,665.70	\$ 14.53	.140	\$ 226.63	\$ 2.03
HOSPITAL BASED	0	1CR	21.76CR	21.76	.000	.00	.01CR
INDEPENDENT FACILITY	25	391	5,687.46	14.55	.140	227.50	2.04
@LABORATORY FACILITY	55	201	\$ 1,951.49	\$ 9.71	.072	\$ 35.48	\$.70
PATHOLOGY	55	201	1,951.49	9.71	.072	35.48	.70
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	100	152	\$ 11,992.35	\$ 78.90	.054	\$ 119.92	\$ 4.30
CLINIC	1	2	90.30	45.15	.001	90.30	.03
SURGICENTER	9	12	1,552.43	129.37	.004	172.49	.56
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	90	138	10,349.62	75.00	.049	115.00	3.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,672
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					----- MONTHLY AVERAGE -----			
2,789 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	479	73,223	\$ 170,711.05	\$ 2.33	26.254	\$ 356.39	\$ 61.21	
DURABLE MED. EQUIP.	60	240	35,284.98	147.02	.086	588.08	12.65	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2	50.00	25.00	.001	25.00	.02	
MEDICAL TRANSPORTATION	100	10,203	32,865.01	3.22	3.658	328.65	11.78	
AMBULANCES/AIR TRANS	16	134	3,144.98	23.47	.048	196.56	1.13	
OTHER TRANS	37	9,514	23,703.10	2.49	3.411	640.62	8.50	
OTHER SERVICES	49	555	6,016.93	10.84	.199	122.79	2.16	
ACUPUNCTURE	3	14	227.08	16.22	.005	75.69	.08	

ADULT DAY HEALTH CARE CTR	27	183		12,224.81	66.80	.066	452.77	4.38
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	124	859		52,438.92	61.05	.308	422.89	18.80
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	33	79		3,221.45	40.78	.028	97.62	1.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	23		3,288.45	142.98	.008	657.69	1.18
PROSTHETICS	5	23		3,288.45	142.98	.008	657.69	1.18
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5		190.05	38.01	.002	190.05	.07
SPEECH AND AUDIOLOGY	19	52		2,646.95	50.90	.019	139.31	.95
HOSPICE SERVICES	1	3		467.34	155.78	.001	467.34	.17
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	2,455		12,965.04	5.28	.880	294.66	4.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	59,105		14,840.97	.25	21.192	93.34	5.32
@CALIF. CHILDREN SERVICES*	127	4,083	\$	212,416.09	\$ 52.02	1.464	\$ 1672.57	\$ 76.16
@XOVER EXCLUDING STATE HOSP**	505	7,313	\$	81,772.81	\$ 11.18	2.622	\$ 161.93	\$ 29.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,673
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

95,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	71,494	1,695,562	\$ 88,641,358.21	\$ 52.28	17.816	\$ 1239.84	\$ 931.41
@PHYSICIANS SERVICES	16,940	61,487	\$ 2,466,805.56	\$ 40.12	.646	\$ 145.62	\$ 25.92
OUTPATIENT VISITS	7,662	11,266	439,225.94	38.99	.118	57.33	4.62
OFFICE VISITS	5,016	7,025	229,501.82	32.67	.074	45.75	2.41
HOME VISITS	116	166	8,990.04	54.16	.002	77.50	.09
EMERGENCY ROOM	2,800	3,776	188,202.09	49.84	.040	67.22	1.98
PREVENTIVE CARE	10	10	424.23	42.42	.000	42.42	.00
OB VISITS/COMPRE PERI	24	66	2,627.13	39.81	.001	109.46	.03
OTHER OUTPATIENT	193	223	9,480.63	42.51	.002	49.12	.10
INPATIENT VISITS	1,359	6,707	339,798.03	50.66	.070	250.04	3.57
HOSPITAL VISITS	1,050	5,177	230,048.75	44.44	.054	219.09	2.42
CRITICAL CARE	154	713	84,600.56	118.65	.007	549.35	.89
SNF/ICF/TRANS IP CARE	291	817	25,148.72	30.78	.009	86.42	.26
OPHTHALMOLOGICAL SERVICES	448	524	23,254.51	44.38	.006	51.91	.24
EXAMINATIONS	447	523	23,219.22	44.40	.005	51.94	.24
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	544	2,964	264,151.64	89.12	.031	485.57	2.78
PRINCIPAL SURGEON	387	592	203,163.71	343.18	.006	524.97	2.13
ASSISTANT SURGEON	29	32	7,183.27	224.48	.000	247.70	.08
ANESTHESIOLOGIST	201	2,340	53,804.66	22.99	.025	267.68	.57
OUTPATIENT SURGERY	1,125	3,023	246,292.12	81.47	.032	218.93	2.59
PRINCIPAL SURGEON	923	1,394	206,830.13	148.37	.015	224.08	2.17
ASSISTANT SURGEON	16	16	1,681.79	105.11	.000	105.11	.02
ANESTHESIOLOGIST	259	1,613	37,780.20	23.42	.017	145.87	.40
DIALYSIS	99	221	29,089.57	131.63	.002	293.83	.31
PATHOLOGY	1,288	2,955	49,408.44	16.72	.031	38.36	.52

95,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,837	5,452	\$ 114,739.42	\$ 21.05	.057	\$ 62.46	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	761	799	36,165.32	45.26	.008	47.52	.38
EYE APPLIANCES	1,415	4,300	67,524.66	15.70	.045	47.72	.71
OTHER OPTOMETRIC SERVICES	247	353	11,049.44	31.30	.004	44.73	.12
@CHIROPRACTOR	266	575	\$ 9,538.64	\$ 16.59	.006	\$ 35.86	\$.10
VISITS	249	549	9,124.94	16.62	.006	36.65	.10
OTHER SERVICES	18	26	413.70	15.91	.000	22.98	.00
@PODIATRIST	1,069	1,741	\$ 26,248.78	\$ 15.08	.018	\$ 24.55	\$.28
MEDICINE/INJECTIONS	320	383	9,757.58	25.48	.004	30.49	.10
SURGERY/ANES.	70	103	3,361.65	32.64	.001	48.02	.04
RADIO./PATHOLOGY	20	25	460.18	18.41	.000	23.01	.00
OTHER	721	1,230	12,669.37	10.30	.013	17.57	.13
@HOME HEALTH AGENCY	407	24,099	\$ 872,050.29	\$ 36.19	.253	\$ 2142.63	\$ 9.16
NURSE ANESTHESIST	8	62	\$ 309.59	\$ 4.99	.001	\$ 38.70	\$.00
NURSE MIDWIFE	38	328	\$ 8,833.77	\$ 26.93	.003	\$ 232.47	\$.09
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$ 40.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$ 61.57	\$ 15.39	.000	\$ 30.79	\$.00
@TOTAL HOSPITAL	16,325	88,170	\$ 14,565,609.45	\$ 165.20	.926	\$ 892.23	\$ 153.05
HOSP INPATIENT TOTAL	1,366	9,958	12,377,685.70	1242.99	.105	9061.26	130.06
HSC HOSPITALS	163	1,428	2,133,688.72	1494.18	.015	13090.11	22.42
NON-HSC HOSPITAL TOTAL	741	4,647	9,812,345.28	2111.54	.049	13242.03	103.10
ACCOMMODATIONS	732	4,647	2,822,886.84	607.46	.049	3856.40	29.66
ADMINISTRATIVE DAYS	80	994	207,600.38	208.85	.010	2595.00	2.18
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.00
ALL OTHER ACCOM	694	3,653	2,615,185.78	715.90	.038	3768.28	27.48
ANCILLARIES	741	0	6,989,458.44	.00	.000	9432.47	73.44

INPATIENT CROSSOVERS	482	3,883	431,651.98	111.16	.041	895.54	4.54
ALL OTHER INPATIENT	1	0	.28CR	.00	.000	.28CR	.00
HOSP OUTPATIENT TOTAL	15,589	78,212	2,187,923.75	27.97	.822	140.35	22.99
MEDICAL	5,506	8,751	333,583.35	38.12	.092	60.59	3.51
SURGERY	958	1,100	55,197.08	50.18	.012	57.62	.58
PATHOLOGY	5,080	20,980	259,555.12	12.37	.220	51.09	2.73
RADIOLOGY	3,014	4,414	381,227.11	86.37	.046	126.49	4.01
ROOM USE	7,596	11,869	470,244.93	39.62	.125	61.91	4.94
CROSSOVERS/ALL OTH OUTPTNT	8,234	31,098	688,116.16	22.13	.327	83.57	7.23
@COUNTY HOSPITAL TOTAL	60	331	\$ 25,344.18	\$ 76.57	.003	\$ 422.40	\$.27
CO HOSPITAL INPATIENT TOTAL	6	27	18,406.98	681.74	.000	3067.83	.19
HSC HOSPITALS	5	16	17,872.00	1117.00	.000	3574.40	.19
NON-HSC HOSPITALS TOTAL	0	0	277.02CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	277.02CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	277.02CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11	812.00	73.82	.000	812.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	54	304	6,937.20	22.82	.003	128.47	.07
MEDICAL	18	32	1,353.56	42.30	.000	75.20	.01
SURGERY	7	8	269.95	33.74	.000	38.56	.00
PATHOLOGY	22	85	1,331.34	15.66	.001	60.52	.01
RADIOLOGY	9	13	697.26	53.64	.000	77.47	.01
ROOM USE	25	39	1,706.40	43.75	.000	68.26	.02
CROSSOVERS/ALL OTH OUTPTNT	31	127	1,578.69	12.43	.001	50.93	.02

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					----- MONTHLY AVERAGE -----			
95,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	16,277	87,839	\$ 14,540,265.27	\$ 165.53	.923	\$ 893.30	\$ 152.78	
COMM HOSP INPATIENT TOTAL	1,360	9,931	12,359,278.72	1244.52	.104	9087.70	129.87	
HSC HOSPITALS	158	1,412	2,115,816.72	1498.45	.015	13391.25	22.23	
NON-HSC HOSPITALS TOTAL	741	4,647	9,812,622.30	2111.60	.049	13242.41	103.11	
ACCOMMODATIONS	732	4,647	2,823,163.86	607.52	.049	3856.78	29.66	
ADMINISTRATIVE DAYS	80	994	207,877.40	209.13	.010	2598.47	2.18	
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.00	
ALL OTHER ACCOM	694	3,653	2,615,185.78	715.90	.038	3768.28	27.48	
ANCILLARIES	741	0	6,989,458.44	.00	.000	9432.47	73.44	
INPATIENT CROSSOVERS	481	3,872	430,839.98	111.27	.041	895.72	4.53	
ALL OTHER INPATIENT	1	0	.28CR	.00	.000	.28CR	.00	
COMM HOSP OUTPATIENT TOTAL	15,546	77,908	2,180,986.55	27.99	.819	140.29	22.92	
MEDICAL	5,490	8,719	332,229.79	38.10	.092	60.52	3.49	
SURGERY	951	1,092	54,927.13	50.30	.011	57.76	.58	
PATHOLOGY	5,061	20,895	258,223.78	12.36	.220	51.02	2.71	
RADIOLOGY	3,006	4,401	380,529.85	86.46	.046	126.59	4.00	
ROOM USE	7,577	11,830	468,538.53	39.61	.124	61.84	4.92	
CROSSOVERS/ALL OTH OUTPTNT	8,206	30,971	686,537.47	22.17	.325	83.66	7.21	
@STATE HOSPITAL	2,155	72,243	\$ 33,083,006.50	\$ 457.94	.759	\$ 15351.74	\$ 347.62	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	2,155	72,243	33,083,006.50	457.94	.759	15351.74	347.62	
@NURSING FACILITY	879	24,747	\$ 3,404,998.13	\$ 137.59	.260	\$ 3873.72	\$ 35.78	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	257	8,880		1,069,628.40		120.45	.093	4161.98	11.24
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49		574.37	.006	14906.31	3.29
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	604	15,322		2,022,337.24		131.99	.161	3348.24	21.25
@INTERMEDIATE CARE FACIL.-DD	524	15,911	\$	2,778,293.50	\$	174.61	.167	\$ 5302.09	\$ 29.19
ICF DDH	277	8,531		1,270,069.08		148.88	.090	4585.09	13.35
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	247	7,380		1,508,224.42		204.37	.078	6106.17	15.85
@HEMODIALYSIS TOTAL	508	8,111	\$	492,352.40	\$	60.70	.085	\$ 969.20	\$ 5.17
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	508	8,111		492,352.40		60.70	.085	969.20	5.17
@REHABILITATION FACILITY	321	5,848	\$	77,989.53	\$	13.34	.061	\$ 242.96	\$.82
HOSPITAL BASED	18	63		2,781.33		44.15	.001	154.52	.03
INDEPENDENT FACILITY	303	5,785		75,208.20		13.00	.061	248.21	.79
@LABORATORY FACILITY	4,677	17,892	\$	267,905.84	\$	14.97	.188	\$ 57.28	\$ 2.82
PATHOLOGY	4,669	17,881		267,756.40		14.97	.188	57.35	2.81
XO AND OTHERS	8	11		149.44		13.59	.000	18.68	.00
@ORGANIZED OUTPATIENT CLINIC	9,028	19,116	\$	1,652,831.25	\$	86.46	.201	\$ 183.08	\$ 17.37
CLINIC	558	1,797		42,317.46		23.55	.019	75.84	.44
SURGICENTER	117	262		24,257.17		92.58	.003	207.33	.25
HEROIN DETOX CLINIC	49	721		8,695.62		12.06	.008	177.46	.09
RURAL HEALTH CLINIC	8,383	16,336		1,577,561.00		96.57	.172	188.19	16.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

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95,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,636	790,922	\$ 4,112,798.91	\$ 5.20	8.311	\$ 353.45	\$ 43.22
DURABLE MED. EQUIP.	1,585	6,450	1,022,660.75	158.55	.068	645.21	10.75
BLOOD BANK	1	1	459.00	459.00	.000	459.00	.00
HEARING AID DISPENSERS	81	138	28,061.93	203.35	.001	346.44	.29
MEDICAL TRANSPORTATION	2,422	99,363	535,916.92	5.39	1.044	221.27	5.63
AMBULANCES/AIR TRANS	1,121	13,327	209,292.44	15.70	.140	186.70	2.20
OTHER TRANS	547	77,998	248,987.13	3.19	.820	455.19	2.62
OTHER SERVICES	823	8,038	77,637.35	9.66	.084	94.33	.82
ACUPUNCTURE	136	384	6,419.04	16.72	.004	47.20	.07
ADULT DAY HEALTH CARE CTR	253	2,779	184,268.58	66.31	.029	728.33	1.94
GENETIC DISEASE TESTING	19	19	1,467.00	77.21	.000	77.21	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	867	35,008	1,249,044.96	35.68	.368	1440.65	13.12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,116	5,045	62,853.63	12.46	.053	29.70	.66
PHYSICAL THERAPIST	160	1,251	15,692.10	12.54	.013	98.08	.16
PORTABLE X-RAY	20	37	653.52	17.66	.000	32.68	.01
PROSTHETIST/ORTHOTISTS	204	809	105,186.68	130.02	.009	515.62	1.11
PROSTHETICS	187	787	104,270.33	132.49	.008	557.60	1.10
ORTHOTICS	17	22	916.35	41.65	.000	53.90	.01
PSYCHOLOGIST	231	605	16,810.64	27.79	.006	72.77	.18
SPEECH AND AUDIOLOGY	754	2,881	138,948.80	48.23	.030	184.28	1.46
HOSPICE SERVICES	64	1,538	212,366.50	138.08	.016	3318.23	2.23
NONINST BIRTHING CENTERS	3	3	3,021.69	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	984	25,385	206,673.00	8.14	.267	210.03	2.17
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.001	285.24	.03
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3,339	609,153		319,727.03		.52	6.401	95.76	3.36
@CALIF. CHILDREN SERVICES*	1,369	36,821	\$	2,824,704.26	\$	76.71	.387	\$ 2063.33	\$ 29.68
@XOVER EXCLUDING STATE HOSP**	11,698	131,035	\$	1,774,791.57	\$	13.54	1.377	\$ 151.72	\$ 18.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SONOMA COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	32,320	153,853	\$ 8,087,429.49	\$ 52.57	2.175	\$ 250.23	\$ 114.34	
@PHYSICIANS SERVICES	9,249	20,010	\$ 814,441.56	\$ 40.70	.283	\$ 88.06	\$ 11.51	
OUTPATIENT VISITS	6,946	9,326	307,733.41	33.00	.132	44.30	4.35	
OFFICE VISITS	4,270	5,548	160,193.40	28.87	.078	37.52	2.26	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2,688	3,110	123,074.61	39.57	.044	45.79	1.74	
PREVENTIVE CARE	124	126	4,934.78	39.16	.002	39.80	.07	
OB VISITS/COMPRE PERI	152	506	17,946.83	35.47	.007	118.07	.25	
OTHER OUTPATIENT	31	36	1,583.79	43.99	.001	51.09	.02	
INPATIENT VISITS	316	1,010	73,063.09	72.34	.014	231.21	1.03	
HOSPITAL VISITS	298	775	37,859.22	48.85	.011	127.04	.54	
CRITICAL CARE	54	233	35,059.67	150.47	.003	649.25	.50	
SNF/ICF/TRANS IP CARE	1	2	144.20	72.10	.000	144.20	.00	
OPHTHALMOLOGICAL SERVICES	94	97	4,227.43	43.58	.001	44.97	.06	
EXAMINATIONS	84	87	4,179.55	48.04	.001	49.76	.06	
SERVICES AND MATERIALS	10	10	47.88	4.79	.000	4.79	.00	
INPATIENT HOSPITAL SURGERY	351	1,757	155,532.71	88.52	.025	443.11	2.20	
PRINCIPAL SURGEON	215	247	121,355.67	491.32	.003	564.44	1.72	
ASSISTANT SURGEON	22	22	3,632.62	165.12	.000	165.12	.05	
ANESTHESIOLOGIST	160	1,488	30,544.42	20.53	.021	190.90	.43	

OUTPATIENT SURGERY	678	1,680		99,380.22		59.15	.024	146.58	1.41
PRINCIPAL SURGEON	559	695		77,554.39		111.59	.010	138.74	1.10
ASSISTANT SURGEON	5	5		493.68		98.74	.000	98.74	.01
ANESTHESIOLOGIST	153	980		21,332.15		21.77	.014	139.43	.30
DIALYSIS	2	4		270.60		67.65	.000	135.30	.00
PATHOLOGY	930	1,644		22,585.33		13.74	.023	24.29	.32
RADIOLOGY	1,825	2,516		73,117.63		29.06	.036	40.06	1.03
PSYCHIATRY	1	1		32.98		32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	175	371		37,614.87		101.39	.005	214.94	.53
OTHER SERVICES/ALL X-OVERS	743	1,604		40,883.29		25.49	.023	55.02	.58
@PHARMACY	14,499	38,523	\$	1,505,113.10	\$	39.07	.545	\$ 103.81	\$ 21.28
PRESCRIPTION DRUGS	14,413	31,740		1,477,923.75		46.56	.449	102.54	20.90
SNF/ICF	27	82		20,933.11		255.28	.001	775.30	.30
OUTPATIENTS	14,392	31,658		1,456,990.64		46.02	.448	101.24	20.60
MEDICAL SUPPLIES	331	6,783		27,189.35		4.01	.096	82.14	.38
@DENTIST	4,302	19,920	\$	632,386.32	\$	31.75	.282	\$ 147.00	\$ 8.94
VISITS - DIAGNOSTIC	3,134	12,924		196,427.00		15.20	.183	62.68	2.78
ORAL SURGERY	592	1,198		69,619.66		58.11	.017	117.60	.98
DRUGS	30	32		625.36		19.54	.000	20.85	.01
ANESTHESIA	57	60		5,000.00		83.33	.001	87.72	.07
PERIODONTICS	50	51		7,890.00		154.71	.001	157.80	.11
ENDODONTICS	313	621		61,313.50		98.73	.009	195.89	.87
RESTORATIVE DENTISTRY	1,634	4,527		244,872.05		54.09	.064	149.86	3.46
PROSTHETICS	10	10		185.00		18.50	.000	18.50	.00
DENTURES, STAYPLATES	47	186		16,285.00		87.55	.003	346.49	.23
SPACE MAINTAINERS	50	65		6,449.65		99.23	.001	128.99	.09
MAXILLOFACIAL SERVICES	20	25		2,792.85		111.71	.000	139.64	.04
FRACTURES, DISLOCATIONS	2	3		2,050.00		683.33	.000	1025.00	.03
ORTHODONTIC SERVICES	163	206		18,801.25		91.27	.003	115.35	.27
ALL OTHER SERVICES	11	12		75.00		6.25	.000	6.82	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,678
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SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

70,729 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	818	2,428	\$	58,376.03	\$ 24.04	.034	\$ 71.36	\$.83
DIAGNOSTIC AND ANC. PROCED	543	559		25,426.41	45.49	.008	46.83	.36
EYE APPLIANCES	592	1,757		25,679.24	14.62	.025	43.38	.36
OTHER OPTOMETRIC SERVICES	105	112		7,270.38	64.91	.002	69.24	.10
@CHIROPRACTOR	95	161	\$	2,662.66	\$ 16.54	.002	\$ 28.03	\$.04
VISITS	95	161		2,662.66	16.54	.002	28.03	.04
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	34	73	\$	2,161.02	\$ 29.60	.001	\$ 63.56	\$.03
MEDICINE/INJECTIONS	29	42		1,365.28	32.51	.001	47.08	.02
SURGERY/ANES.	13	22		572.28	26.01	.000	44.02	.01
RADIO./PATHOLOGY	4	6		110.72	18.45	.000	27.68	.00
OTHER	2	3		112.74	37.58	.000	56.37	.00
@HOME HEALTH AGENCY	69	210	\$	13,954.38	\$ 66.45	.003	\$ 202.24	\$.20
NURSE ANESTHESIST	2	7	\$	144.69	\$ 20.67	.000	\$ 72.35	\$.00
NURSE MIDWIFE	123	1,187	\$	27,587.59	\$ 23.24	.017	\$ 224.29	\$.39
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	5	\$	286.00	\$ 57.20	.000	\$ 57.20	\$.00
@TOTAL HOSPITAL	8,744	31,455	\$	3,479,541.20	\$ 110.62	.445	\$ 397.93	\$ 49.20
HOSP INPATIENT TOTAL	351	1,423		2,589,454.30	1819.71	.020	7377.36	36.61
HSC HOSPITALS	27	164		257,276.54	1568.76	.002	9528.76	3.64

NON-HSC HOSPITAL TOTAL	326	1,259	2,332,177.76	1852.40	.018	7153.92	32.97
ACCOMMODATIONS	324	1,259	918,143.48	729.26	.018	2833.78	12.98
ADMINISTRATIVE DAYS	3	8	1,288.88	161.11	.000	429.63	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	322	1,251	916,854.60	732.90	.018	2847.37	12.96
ANCILLARIES	323	0	1,414,034.28	.00	.000	4377.82	19.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,549	30,032	890,086.90	29.64	.425	104.12	12.58
MEDICAL	3,334	4,419	150,705.15	34.10	.062	45.20	2.13
SURGERY	637	761	33,121.98	43.52	.011	52.00	.47
PATHOLOGY	2,437	7,563	90,540.41	11.97	.107	37.15	1.28
RADIOLOGY	1,684	2,301	139,442.60	60.60	.033	82.80	1.97
ROOM USE	6,847	9,212	354,941.47	38.53	.130	51.84	5.02
CROSSOVERS/ALL OTH OUTPTNT	2,615	5,776	121,335.29	21.01	.082	46.40	1.72
@COUNTY HOSPITAL TOTAL	28	83	\$ 3,395.38	\$ 40.91	.001	\$ 121.26	\$.05
CO HOSPITAL INPATIENT TOTAL	1	1	1,075.00	1075.00	.000	1075.00	.02
HSC HOSPITALS	1	1	1,075.00	1075.00	.000	1075.00	.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	82	2,320.38	28.30	.001	85.94	.03
MEDICAL	15	18	624.09	34.67	.000	41.61	.01
SURGERY	3	6	176.70	29.45	.000	58.90	.00
PATHOLOGY	5	15	250.83	16.72	.000	50.17	.00
RADIOLOGY	3	14	295.25	21.09	.000	98.42	.00
ROOM USE	14	19	854.46	44.97	.000	61.03	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	119.05	11.91	.000	17.01	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	8,724	31,372	\$ 3,476,145.82	\$ 110.80	.444	\$ 398.46	\$ 49.15	
COMM HOSP INPATIENT TOTAL	350	1,422	2,588,379.30	1820.24	.020	7395.37	36.60	
HSC HOSPITALS	26	163	256,201.54	1571.79	.002	9853.91	3.62	
NON-HSC HOSPITALS TOTAL	326	1,259	2,332,177.76	1852.40	.018	7153.92	32.97	
ACCOMMODATIONS	324	1,259	918,143.48	729.26	.018	2833.78	12.98	
ADMINISTRATIVE DAYS	3	8	1,288.88	161.11	.000	429.63	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	322	1,251	916,854.60	732.90	.018	2847.37	12.96	
ANCILLARIES	323	0	1,414,034.28	.00	.000	4377.82	19.99	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,529	29,950	887,766.52	29.64	.423	104.09	12.55	
MEDICAL	3,320	4,401	150,081.06	34.10	.062	45.21	2.12	
SURGERY	634	755	32,945.28	43.64	.011	51.96	.47	
PATHOLOGY	2,433	7,548	90,289.58	11.96	.107	37.11	1.28	
RADIOLOGY	1,682	2,287	139,147.35	60.84	.032	82.73	1.97	
ROOM USE	6,837	9,193	354,087.01	38.52	.130	51.79	5.01	

CROSSOVERS/ALL OTH OUTPTNT	2,608	5,766		121,216.24		21.02	.082	46.48	1.71
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	1	61	\$	9,099.37	\$	149.17	.001	\$ 9099.37	\$.13
ICF DDH	1	61		9,099.37		149.17	.001	9099.37	.13
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	3,674.12	\$	1837.06	.000	\$ 1837.06	\$.05
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		3,674.12		1837.06	.000	1837.06	.05
@REHABILITATION FACILITY	22	427	\$	5,343.16	\$	12.51	.006	\$ 242.87	\$.08
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	22	427		5,343.16		12.51	.006	242.87	.08
@LABORATORY FACILITY	2,165	5,971	\$	95,996.37	\$	16.08	.084	\$ 44.34	\$ 1.36
PATHOLOGY	2,165	5,971		95,996.37		16.08	.084	44.34	1.36
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,149	11,600	\$	1,123,692.98	\$	96.87	.164	\$ 182.74	\$ 15.89
CLINIC	956	3,068		77,586.02		25.29	.043	81.16	1.10
SURGICENTER	15	71		2,434.02		34.28	.001	162.27	.03
HEROIN DETOX CLINIC	8	97		1,102.23		11.36	.001	137.78	.02
RURAL HEALTH CLINIC	5,213	8,364		1,042,570.71		124.65	.118	199.99	14.74
#CALIF DEPT OF HEALTH SERV									
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,465	21,813	\$ 312,968.94	\$ 14.35	.308	\$ 90.32	\$ 4.42	
DURABLE MED. EQUIP.	120	243	31,486.30	129.57	.003	262.39	.45	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	6	19	7,585.90	399.26	.000	1264.32	.11	
MEDICAL TRANSPORTATION	313	3,502	71,894.68	20.53	.050	229.70	1.02	
AMBULANCES/AIR TRANS	311	3,491	57,474.84	16.46	.049	184.81	.81	
OTHER TRANS	1	3	19.84	6.61	.000	19.84	.00	
OTHER SERVICES	8	8	14,400.00	1800.00	.000	1800.00	.20	
ACUPUNCTURE	35	85	1,486.80	17.49	.001	42.48	.02	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	97	100	7,010.00	70.10	.001	72.27	.10	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	740	1,641	16,880.54	10.29	.023	22.81	.24	
PHYSICAL THERAPIST	38	256	4,039.39	15.78	.004	106.30	.06	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	31	80	12,294.43	153.68	.001	396.59	.17	
PROSTHETICS	26	74	11,979.20	161.88	.001	460.74	.17	
ORTHOTICS	5	6	315.23	52.54	.000	63.05	.00	
PSYCHOLOGIST	9	37	2,544.82	68.78	.001	282.76	.04	
SPEECH AND AUDIOLOGY	73	158	12,579.14	79.61	.002	172.32	.18	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	2,038	14,820	141,774.54	9.57	.210	69.57	2.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	870	1,377.94	1.58	.012	86.12	.02
@CALIF. CHILDREN SERVICES*	223	2,957	\$ 369,043.03	\$ 124.80	.042	\$ 1654.90	\$ 5.22
@XOVER EXCLUDING STATE HOSP**	5	74	\$ 268.76	\$ 3.63	.001	\$ 53.75	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,681
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

190,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121,387	2,200,045	\$ 105,277,643.33	\$ 47.85	11.530	\$ 867.29	\$ 551.73
@PHYSICIANS SERVICES	29,618	93,048	\$ 3,486,183.42	\$ 37.47	.488	\$ 117.70	\$ 18.27
OUTPATIENT VISITS	14,875	21,040	761,715.69	36.20	.110	51.21	3.99
OFFICE VISITS	9,502	12,882	399,747.63	31.03	.068	42.07	2.09
HOME VISITS	116	166	8,990.04	54.16	.001	77.50	.05
EMERGENCY ROOM	5,539	6,947	314,932.03	45.33	.036	56.86	1.65
PREVENTIVE CARE	134	136	5,359.01	39.40	.001	39.99	.03
OB VISITS/COMPRE PERI	182	635	20,963.79	33.01	.003	115.19	.11
OTHER OUTPATIENT	235	274	11,723.19	42.79	.001	49.89	.06
INPATIENT VISITS	1,720	8,020	423,444.58	52.80	.042	246.19	2.22
HOSPITAL VISITS	1,392	6,245	277,301.55	44.40	.033	199.21	1.45
CRITICAL CARE	210	956	120,850.11	126.41	.005	575.48	.63
SNF/ICF/TRANS IP CARE	292	819	25,292.92	30.88	.004	86.62	.13
OPHTHALMOLOGICAL SERVICES	590	679	30,171.13	44.43	.004	51.14	.16
EXAMINATIONS	577	666	30,026.20	45.08	.003	52.04	.16
SERVICES AND MATERIALS	13	13	144.93	11.15	.000	11.15	.00
INPATIENT HOSPITAL SURGERY	912	4,804	426,320.87	88.74	.025	467.46	2.23
PRINCIPAL SURGEON	615	858	329,249.20	383.74	.004	535.36	1.73
ASSISTANT SURGEON	52	55	11,054.16	200.98	.000	212.58	.06
ANESTHESIOLOGIST	370	3,891	86,017.51	22.11	.020	232.48	.45
OUTPATIENT SURGERY	1,859	4,861	360,888.76	74.24	.025	194.13	1.89
PRINCIPAL SURGEON	1,520	2,149	296,061.15	137.77	.011	194.78	1.55
ASSISTANT SURGEON	21	21	2,175.47	103.59	.000	103.59	.01
ANESTHESIOLOGIST	433	2,691	62,652.14	23.28	.014	144.69	.33
DIALYSIS	104	245	30,157.31	123.09	.001	289.97	.16
PATHOLOGY	2,267	4,686	73,435.83	15.67	.025	32.39	.38
RADIOLOGY	5,711	9,590	372,564.62	38.85	.050	65.24	1.95
PSYCHIATRY	16	19	519.26	27.33	.000	32.45	.00
IMMUNIZATION AND INJECTION	671	5,631	445,080.95	79.04	.030	663.31	2.33
OTHER SERVICES/ALL X-OVERS	10,731	33,473	561,884.42	16.79	.175	52.36	2.94
@PHARMACY	86,967	732,449	\$ 28,601,687.65	\$ 39.05	3.839	\$ 328.88	\$ 149.89
PRESCRIPTION DRUGS	86,066	338,162	27,731,645.44	82.01	1.772	322.21	145.33
SNF/ICF	1,850	12,317	1,031,804.68	83.77	.065	557.73	5.41
OUTPATIENTS	84,396	325,845	26,699,840.76	81.94	1.708	316.36	139.93
MEDICAL SUPPLIES	6,335	394,287	870,042.21	2.21	2.066	137.34	4.56
@DENTIST	11,030	46,741	\$ 1,821,529.90	\$ 38.97	.245	\$ 165.14	\$ 9.55
VISITS - DIAGNOSTIC	7,844	29,694	444,750.50	14.98	.156	56.70	2.33
ORAL SURGERY	1,422	3,704	207,008.88	55.89	.019	145.58	1.08

DRUGS	50	55	804.36	14.62	.000	16.09	.00
ANESTHESIA	106	109	9,580.00	87.89	.001	90.38	.05
PERIODONTICS	353	461	73,269.00	158.93	.002	207.56	.38
ENDODONTICS	589	1,006	138,512.00	137.69	.005	235.16	.73
RESTORATIVE DENTISTRY	3,523	9,207	651,987.05	70.81	.048	185.07	3.42
PROSTHETICS	82	86	2,000.60	23.26	.000	24.40	.01
DENTURES, STAYPLATES	735	1,992	253,791.46	127.41	.010	345.29	1.33
SPACE MAINTAINERS	52	67	6,689.65	99.85	.000	128.65	.04
MAXILLOFACIAL SERVICES	30	39	5,478.63	140.48	.000	182.62	.03
FRACTURES, DISLOCATIONS	3	4	3,250.00	812.50	.000	1083.33	.02
ORTHODONTIC SERVICES	209	267	24,208.47	90.67	.001	115.83	.13
ALL OTHER SERVICES	40	50	199.30	3.99	.000	4.98	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

190,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,064	9,091	\$ 196,048.33	\$ 21.57	.048	\$ 63.98	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	1,355	1,415	64,047.27	45.26	.007	47.27	.34
EYE APPLIANCES	2,342	7,054	110,898.61	15.72	.037	47.35	.58
OTHER OPTOMETRIC SERVICES	428	622	21,102.45	33.93	.003	49.30	.11
@CHIROPRACTOR	367	752	\$ 12,429.36	\$ 16.53	.004	\$ 33.87	\$.07
VISITS	347	719	11,938.08	16.60	.004	34.40	.06
OTHER SERVICES	21	33	491.28	14.89	.000	23.39	.00
@PODIATRIST	1,541	2,633	\$ 36,229.93	\$ 13.76	.014	\$ 23.51	\$.19
MEDICINE/INJECTIONS	356	433	11,332.86	26.17	.002	31.83	.06
SURGERY/ANES.	84	126	3,961.11	31.44	.001	47.16	.02
RADIO./PATHOLOGY	26	34	631.44	18.57	.000	24.29	.00
OTHER	1,154	2,040	20,304.52	9.95	.011	17.59	.11
@HOME HEALTH AGENCY	532	28,563	\$ 1,026,167.45	\$ 35.93	.150	\$ 1928.89	\$ 5.38
NURSE ANESTHESIST	10	69	\$ 454.28	\$ 6.58	.000	\$ 45.43	\$.00

NURSE MIDWIFE	161	1,515	\$	36,421.36	\$	24.04	.008	\$	226.22	\$	.19
PEDIATRIC NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.000	\$	40.00	\$	.00
FAMILY NURSE PRACTITIONER	7	9	\$	347.57	\$	38.62	.000	\$	49.65	\$	.00
@TOTAL HOSPITAL	27,862	133,298	\$	19,234,657.74	\$	144.30	.699	\$	690.35	\$	100.80
HOSP INPATIENT TOTAL	2,059	13,411		15,905,648.96		1186.02	.070		7724.94		83.36
HSC HOSPITALS	199	1,642		2,463,606.59		1500.37	.009		12379.93		12.91
NON-HSC HOSPITAL TOTAL	1,134	6,221		12,796,787.42		2057.03	.033		11284.64		67.06
ACCOMMODATIONS	1,123	6,221		3,912,315.75		628.89	.033		3483.81		20.50
ADMINISTRATIVE DAYS	94	1,060		220,301.60		207.83	.006		2343.63		1.15
TRANSITIONAL IP CARE	0	0		578.92		.00	.000		.00		.00
ALL OTHER ACCOM	1,076	5,161		3,691,435.23		715.26	.027		3430.70		19.35
ANCILLARIES	1,130	0		8,884,471.67		.00	.000		7862.36		46.56
INPATIENT CROSSOVERS	748	5,548		645,255.24		116.30	.029		862.64		3.38
ALL OTHER INPATIENT	1	0		.29CR		.00	.000		.29CR		.00
HOSP OUTPATIENT TOTAL	26,712	119,887		3,329,008.78		27.77	.628		124.63		17.45
MEDICAL	9,038	13,499		503,911.43		37.33	.071		55.75		2.64
SURGERY	1,626	1,898		91,036.94		47.96	.010		55.99		.48
PATHOLOGY	7,706	29,603		362,418.72		12.24	.155		47.03		1.90
RADIOLOGY	4,782	6,837		528,290.11		77.27	.036		110.47		2.77
ROOM USE	14,671	21,435		838,911.85		39.14	.112		57.18		4.40
CROSSOVERS/ALL OTH OUTPTNT	13,177	46,615		1,004,439.73		21.55	.244		76.23		5.26
@COUNTY HOSPITAL TOTAL	92	436	\$	36,238.15	\$	83.12	.002	\$	393.89	\$	.19
CO HOSPITAL INPATIENT TOTAL	8	35		26,694.02		762.69	.000		3336.75		.14
HSC HOSPITALS	7	24		26,159.04		1089.96	.000		3737.01		.14
NON-HSC HOSPITALS TOTAL	0	0		277.02CR		.00	.000		.00		.00
ACCOMMODATIONS	0	0		277.02CR		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		277.02CR		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	11		812.00		73.82	.000		812.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	84	401		9,544.13		23.80	.002		113.62		.05
MEDICAL	34	52		2,013.43		38.72	.000		59.22		.01
SURGERY	10	14		446.65		31.90	.000		44.67		.00
PATHOLOGY	28	108		1,645.79		15.24	.001		58.78		.01
RADIOLOGY	12	27		992.51		36.76	.000		82.71		.01
ROOM USE	39	58		2,560.86		44.15	.000		65.66		.01
CROSSOVERS/ALL OTH OUTPTNT	41	142		1,884.89		13.27	.001		45.97		.01

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SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						----- MONTHLY AVERAGE -----		
	190,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27,790	132,862	\$	19,198,419.59	\$ 144.50	.696	\$ 690.84	\$ 100.61
COMM HOSP INPATIENT TOTAL	2,051	13,376		15,878,954.94	1187.12	.070	7742.06	83.22
HSC HOSPITALS	192	1,618		2,437,447.55	1506.46	.008	12695.04	12.77
NON-HSC HOSPITALS TOTAL	1,134	6,221		12,797,064.44	2057.08	.033	11284.89	67.07
ACCOMMODATIONS	1,123	6,221		3,912,592.77	628.93	.033	3484.05	20.50
ADMINISTRATIVE DAYS	94	1,060		220,578.62	208.09	.006	2346.58	1.16
TRANSITIONAL IP CARE	0	0		578.92	.00	.000	.00	.00
ALL OTHER ACCOM	1,076	5,161		3,691,435.23	715.26	.027	3430.70	19.35
ANCILLARIES	1,130	0		8,884,471.67	.00	.000	7862.36	46.56
INPATIENT CROSSOVERS	747	5,537		644,443.24	116.39	.029	862.71	3.38
ALL OTHER INPATIENT	1	0		.29CR	.00	.000	.29CR	.00

COMM HOSP OUTPATIENT TOTAL	26,646	119,486		3,319,464.65		27.78	.626	124.58	17.40
MEDICAL	9,007	13,447		501,898.00		37.32	.070	55.72	2.63
SURGERY	1,616	1,884		90,590.29		48.08	.010	56.06	.47
PATHOLOGY	7,682	29,495		360,772.93		12.23	.155	46.96	1.89
RADIOLOGY	4,772	6,810		527,297.60		77.43	.036	110.50	2.76
ROOM USE	14,642	21,377		836,350.99		39.12	.112	57.12	4.38
CROSSOVERS/ALL OTH OUTPTNT	13,139	46,473		1,002,554.84		21.57	.244	76.30	5.25
@STATE HOSPITAL	2,215	74,061	\$	33,874,168.29	\$	457.38	.388	\$ 15293.08	\$ 177.52
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	2,215	74,061		33,874,168.29		457.38	.388	15293.08	177.52
@NURSING FACILITY	1,325	35,325	\$	4,807,972.53	\$	136.11	.185	\$ 3628.66	\$ 25.20
LEV A-INTERMEDIATE	1	8		676.96		84.62	.000	676.96	.00
LEV B-REHAB MD	261	9,000		1,078,565.40		119.84	.047	4132.43	5.65
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49		574.37	.003	14906.31	1.64
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,045	25,772		3,415,697.68		132.54	.135	3268.61	17.90
@INTERMEDIATE CARE FACIL.-DD	525	15,972	\$	2,787,392.87	\$	174.52	.084	\$ 5309.32	\$ 14.61
ICF DDH	278	8,592		1,279,168.45		148.88	.045	4601.33	6.70
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	247	7,380		1,508,224.42		204.37	.039	6106.17	7.90
@HEMODIALYSIS TOTAL	626	8,508	\$	638,542.53	\$	75.05	.045	\$ 1020.04	\$ 3.35
HOSPITAL BASED	6	153		61,952.40		404.92	.001	10325.40	.32
HEMODIALYSIS CENTER	620	8,355		576,590.13		69.01	.044	929.98	3.02
@REHABILITATION FACILITY	368	6,665	\$	88,998.39	\$	13.35	.035	\$ 241.84	\$.47
HOSPITAL BASED	18	62		2,759.57		44.51	.000	153.31	.01
INDEPENDENT FACILITY	350	6,603		86,238.82		13.06	.035	246.40	.45
@LABORATORY FACILITY	6,929	24,163	\$	367,464.84	\$	15.21	.127	\$ 53.03	\$ 1.93
PATHOLOGY	6,917	24,146		367,195.36		15.21	.127	53.09	1.92
XO AND OTHERS	12	17		269.48		15.85	.000	22.46	.00
@ORGANIZED OUTPATIENT CLINIC	16,409	32,658	\$	2,877,189.23	\$	88.10	.171	\$ 175.34	\$ 15.08
CLINIC	1,519	4,871		120,087.64		24.65	.026	79.06	.63
SURGICENTER	231	458		47,197.82		103.05	.002	204.32	.25
HEROIN DETOX CLINIC	58	826		9,918.06		12.01	.004	171.00	.05
RURAL HEALTH CLINIC	14,726	26,503		2,699,985.71		101.87	.139	183.35	14.15

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,684
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

	190,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18,686	954,522	\$	5,383,658.70	\$ 5.64	5.002	\$ 288.11	\$ 28.21
DURABLE MED. EQUIP.	1,878	7,240		1,149,039.67	158.71	.038	611.84	6.02
BLOOD BANK	1	1		459.00	459.00	.000	459.00	.00
HEARING AID DISPENSERS	170	279		54,907.35	196.80	.001	322.98	.29
MEDICAL TRANSPORTATION	3,405	128,473		719,976.99	5.60	.673	211.45	3.77
AMBULANCES/AIR TRANS	1,458	17,011		271,161.24	15.94	.089	185.98	1.42
OTHER TRANS	800	99,085		323,027.98	3.26	.519	403.78	1.69
OTHER SERVICES	1,261	12,377		125,787.77	10.16	.065	99.75	.66
ACUPUNCTURE	202	563		9,511.61	16.89	.003	47.09	.05
ADULT DAY HEALTH CARE CTR	399	4,225		280,690.27	66.44	.022	703.48	1.47
GENETIC DISEASE TESTING	116	119		8,477.00	71.24	.001	73.08	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	1,923	41,403		1,672,177.95	40.39	.217	869.57	8.76
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3,364	7,919		97,949.67	12.37	.042	29.12	.51
PHYSICAL THERAPIST	202	1,529		19,859.34	12.99	.008	98.31	.10

PORTABLE X-RAY	23	46	659.97	14.35	.000	28.69	.00
PROSTHETIST/ORTHOTISTS	249	928	121,167.57	130.57	.005	486.62	.64
PROSTHETICS	227	900	119,935.99	133.26	.005	528.35	.63
ORTHOTICS	22	28	1,231.58	43.99	.000	55.98	.01
PSYCHOLOGIST	251	675	19,731.27	29.23	.004	78.61	.10
SPEECH AND AUDIOLOGY	947	3,315	167,142.63	50.42	.017	176.50	.88
HOSPICE SERVICES	94	2,202	293,723.00	133.39	.012	3124.71	1.54
NONINST BIRTHING CENTERS	5	5	5,036.15	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	3,066	42,660	361,412.58	8.47	.224	117.88	1.89
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.000	285.24	.01
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,784	712,867	399,169.54	.56	3.736	83.44	2.09
@CALIF. CHILDREN SERVICES*	1,719	43,861	\$ 3,406,163.38	\$ 77.66	.230	\$ 1981.48	\$ 17.85
@XOVER EXCLUDING STATE HOSP**	17,945	180,533	\$ 2,641,486.96	\$ 14.63	.946	\$ 147.20	\$ 13.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,685
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

12,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,659	139,189	\$ 4,459,149.38	\$ 32.04	10.775	\$ 514.97	\$ 345.19
@PHYSICIANS SERVICES	1,611	9,122	\$ 202,735.28	\$ 22.22	.706	\$ 125.84	\$ 15.69
OUTPATIENT VISITS	307	444	21,206.95	47.76	.034	69.08	1.64
OFFICE VISITS	220	313	12,578.68	40.19	.024	57.18	.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	104	128	8,553.55	66.82	.010	82.25	.66
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	74.72	24.91	.000	24.91	.01
INPATIENT VISITS	81	336	16,232.76	48.31	.026	200.40	1.26
HOSPITAL VISITS	70	281	11,842.72	42.14	.022	169.18	.92
CRITICAL CARE	9	36	3,657.50	101.60	.003	406.39	.28
SNF/ICF/TRANS IP CARE	15	19	732.54	38.55	.001	48.84	.06
OPHTHALMOLOGICAL SERVICES	43	54	2,465.16	45.65	.004	57.33	.19
EXAMINATIONS	43	54	2,465.16	45.65	.004	57.33	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	254	18,433.34	72.57	.020	400.72	1.43
PRINCIPAL SURGEON	31	46	13,250.36	288.05	.004	427.43	1.03
ASSISTANT SURGEON	6	6	1,082.84	180.47	.000	180.47	.08
ANESTHESIOLOGIST	19	202	4,100.14	20.30	.016	215.80	.32
OUTPATIENT SURGERY	89	294	38,577.04	131.21	.023	433.45	2.99
PRINCIPAL SURGEON	73	87	34,225.32	393.39	.007	468.84	2.65
ASSISTANT SURGEON	4	4	370.45	92.61	.000	92.61	.03
ANESTHESIOLOGIST	31	203	3,981.27	19.61	.016	128.43	.31
DIALYSIS	8	13	2,022.17	155.55	.001	252.77	.16
PATHOLOGY	59	113	2,207.85	19.54	.009	37.42	.17
RADIOLOGY	258	622	28,910.69	46.48	.048	112.06	2.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	74	9,166.68	123.87	.006	763.89	.71
OTHER SERVICES/ALL X-OVERS	1,100	6,918	63,512.64	9.18	.536	57.74	4.92
@PHARMACY	7,174	60,987	\$ 1,582,148.27	\$ 25.94	4.721	\$ 220.54	\$ 122.48
PRESCRIPTION DRUGS	7,060	26,906	1,526,841.41	56.75	2.083	216.27	118.19

SNF/ICF	247	1,387		63,786.37		45.99	.107	258.24	4.94
OUTPATIENTS	6,833	25,519		1,463,055.04		57.33	1.975	214.12	113.26
MEDICAL SUPPLIES	583	34,081		55,306.86		1.62	2.638	94.87	4.28
@DENTIST	440	1,665	\$	91,748.08	\$	55.10	.129	208.52	7.10
VISITS - DIAGNOSTIC	278	969		13,781.07		14.22	.075	49.57	1.07
ORAL SURGERY	71	238		13,295.83		55.86	.018	187.27	1.03
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	2	2		200.00		100.00	.000	100.00	.02
PERIODONTICS	22	24		2,865.00		119.38	.002	130.23	.22
ENDODONTICS	11	11		2,286.00		207.82	.001	207.82	.18
RESTORATIVE DENTISTRY	97	207		23,466.00		113.36	.016	241.92	1.82
PROSTHETICS	3	3		90.00		30.00	.000	30.00	.01
DENTURES, STAYPLATES	87	211		35,764.18		169.50	.016	411.08	2.77
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

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01/17/03

12,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	154	462	\$ 9,180.55	\$ 19.87	.036	\$ 59.61	\$.71
DIAGNOSTIC AND ANC. PROCED	36	37	1,653.43	44.69	.003	45.93	.13
EYE APPLIANCES	125	364	5,974.04	16.41	.028	47.79	.46
OTHER OPTOMETRIC SERVICES	32	61	1,553.08	25.46	.005	48.53	.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	120	188	\$ 2,145.45	\$ 11.41	.015	\$ 17.88	\$.17
MEDICINE/INJECTIONS	8	8	277.70	34.71	.001	34.71	.02
SURGERY/ANES.	6	17	385.79	22.69	.001	64.30	.03
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	109	163	1,481.96	9.09	.013	13.60	.11
@HOME HEALTH AGENCY	11	89	\$ 6,263.88	\$ 70.38	.007	\$ 569.44	\$.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,306	6,586	\$ 1,211,876.11	\$ 184.01	.510	\$ 927.93	\$ 93.81
HOSP INPATIENT TOTAL	185	1,326	1,078,024.38	812.99	.103	5827.16	83.45
HSC HOSPITALS	3	13	20,605.00	1585.00	.001	6868.33	1.60
NON-HSC HOSPITAL TOTAL	64	383	961,251.29	2509.79	.030	15019.55	74.41
ACCOMMODATIONS	64	383	237,434.13	619.93	.030	3709.91	18.38
ADMINISTRATIVE DAYS	4	37	8,529.23	230.52	.003	2132.31	.66
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	346	228,904.90	661.57	.027	3692.01	17.72
ANCILLARIES	64	0	723,817.16	.00	.000	11309.64	56.03
INPATIENT CROSSOVERS	118	930	96,168.09	103.41	.072	814.98	7.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,177	5,260	133,851.73	25.45	.407	113.72	10.36
MEDICAL	228	358	12,219.02	34.13	.028	53.59	.95
SURGERY	36	43	3,850.73	89.55	.003	106.96	.30
PATHOLOGY	278	1,051	12,694.16	12.08	.081	45.66	.98

RADIOLOGY	188	278	20,482.11	73.68	.022	108.95	1.59
ROOM USE	256	377	15,767.91	41.82	.029	61.59	1.22
CROSSOVERS/ALL OTH OUTPTNT	816	3,153	68,837.80	21.83	.244	84.36	5.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,687
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

					----- MONTHLY AVERAGE -----			
12,918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,306	6,586	\$ 1,211,876.11	\$ 184.01	.510	\$ 927.93	\$ 93.81	
COMM HOSP INPATIENT TOTAL	185	1,326	1,078,024.38	812.99	.103	5827.16	83.45	
HSC HOSPITALS	3	13	20,605.00	1585.00	.001	6868.33	1.60	
NON-HSC HOSPITALS TOTAL	64	383	961,251.29	2509.79	.030	15019.55	74.41	
ACCOMMODATIONS	64	383	237,434.13	619.93	.030	3709.91	18.38	

ADMINISTRATIVE DAYS	4	37		8,529.23	230.52	.003	2132.31	.66
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	346		228,904.90	661.57	.027	3692.01	17.72
ANCILLARIES	64	0		723,817.16	.00	.000	11309.64	56.03
INPATIENT CROSSOVERS	118	930		96,168.09	103.41	.072	814.98	7.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,177	5,260		133,851.73	25.45	.407	113.72	10.36
MEDICAL	228	358		12,219.02	34.13	.028	53.59	.95
SURGERY	36	43		3,850.73	89.55	.003	106.96	.30
PATHOLOGY	278	1,051		12,694.16	12.08	.081	45.66	.98
RADIOLOGY	188	278		20,482.11	73.68	.022	108.95	1.59
ROOM USE	256	377		15,767.91	41.82	.029	61.59	1.22
CROSSOVERS/ALL OTH OUTPTNT	816	3,153		68,837.80	21.83	.244	84.36	5.33
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	283	6,036	\$	792,043.38	\$ 131.22	.467	\$ 2798.74	\$ 61.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	283	6,036		792,043.38	131.22	.467	2798.74	61.31
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	236	\$	38,988.98	\$ 165.21	.018	\$ 722.02	\$ 3.02
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	236		38,988.98	165.21	.018	722.02	3.02
@REHABILITATION FACILITY	1	1	\$	29.06	\$ 29.06	.000	\$ 29.06	\$.00
HOSPITAL BASED	1	1		29.06	29.06	.000	29.06	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	209	947	\$	9,694.71	\$ 10.24	.073	\$ 46.39	\$.75
PATHOLOGY	208	946		9,682.93	10.24	.073	46.55	.75
XO AND OTHERS	1	1		11.78	11.78	.000	11.78	.00
@ORGANIZED OUTPATIENT CLINIC	956	1,576	\$	113,700.49	\$ 72.14	.122	\$ 118.93	\$ 8.80
CLINIC	3	12		230.24	19.19	.001	76.75	.02
SURGICENTER	70	131		15,682.47	119.71	.010	224.04	1.21
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	894	1,433		97,787.78	68.24	.111	109.38	7.57

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U

PAGE 14,688 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
12,918 ELIGIBLES							
@ALL OTHER PROVIDERS	1,323	51,294	\$ 398,595.14	\$ 7.77	3.971	\$ 301.28	\$ 30.86
DURABLE MED. EQUIP.	61	181	35,836.35	197.99	.014	587.48	2.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	50	5,745.32	114.91	.004	205.19	.44
MEDICAL TRANSPORTATION	254	10,515	55,824.11	5.31	.814	219.78	4.32
AMBULANCES/AIR TRANS	26	338	5,274.04	15.60	.026	202.85	.41
OTHER TRANS	94	8,818	39,934.04	4.53	.683	424.83	3.09
OTHER SERVICES	142	1,359	10,616.03	7.81	.105	74.76	.82
ACUPUNCTURE	7	11	204.09	18.55	.001	29.16	.02

ADULT DAY HEALTH CARE CTR	105	1,131	75,451.18	66.71	.088	718.58	5.84
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	316	1,845	122,608.99	66.45	.143	388.00	9.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	198	478	6,097.33	12.76	.037	30.79	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	3	5	143.43	28.69	.000	47.81	.01
PROSTHETICS	2	3	63.53	21.18	.000	31.77	.00
ORTHOTICS	1	2	79.90	39.95	.000	79.90	.01
PSYCHOLOGIST	4	5	89.64	17.93	.000	22.41	.01
SPEECH AND AUDIOLOGY	37	75	6,739.72	89.86	.006	182.15	.52
HOSPICE SERVICES	21	487	56,454.23	115.92	.038	2688.30	4.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	505	36,510	33,400.10	.91	2.826	66.14	2.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,094	15,745	\$ 375,059.09	\$ 23.82	1.219	\$ 179.11	\$ 29.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,689
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40	613	\$ 79,846.77	\$ 130.26	23.577	\$ 1996.17	\$ 3071.03
@PHYSICIANS SERVICES	6	27	\$ 902.92	\$ 33.44	1.038	\$ 150.49	\$ 34.73
OUTPATIENT VISITS	2	5	288.16	57.63	.192	144.08	11.08
OFFICE VISITS	2	3	72.00	24.00	.115	36.00	2.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	216.16	108.08	.077	216.16	8.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	9	336.18	37.35	.346	112.06	12.93
HOSPITAL VISITS	3	9	336.18	37.35	.346	112.06	12.93
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	2	7		177.99		25.43	.269	89.00	6.85
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	6		100.59		16.77	.231	25.15	3.87
@PHARMACY	29	109	\$	7,633.58	\$	70.03	4.192	\$ 263.23	\$ 293.60
PRESCRIPTION DRUGS	27	105		7,618.07		72.55	4.038	282.15	293.00
SNF/ICF	14	78		5,694.09		73.00	3.000	406.72	219.00
OUTPATIENTS	13	27		1,923.98		71.26	1.038	148.00	74.00
MEDICAL SUPPLIES	2	4		15.51		3.88	.154	7.76	.60
@DENTIST	1	3	\$	73.00	\$	24.33	.115	\$ 73.00	\$ 2.81
VISITS - DIAGNOSTIC	1	3		73.00		24.33	.115	73.00	2.81
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
						AID CODE 24			
----- MONTHLY AVERAGE -----									
26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$	16.00	\$ 16.00	.038	\$ 16.00	\$.62	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	1	1		16.00	16.00	.038	16.00	.62	
@HOME HEALTH AGENCY	4	8	\$	381.48	\$ 47.69	.308	\$ 95.37	\$ 14.67	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2	26	\$	20,083.53	\$ 772.44	1.000	\$ 10041.77	\$ 772.44	
HOSP INPATIENT TOTAL	2	26		19,982.00	768.54	1.000	9991.00	768.54	
HSC HOSPITALS	1	19		19,190.00	1010.00	.731	19190.00	738.08	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	1	7	792.00	113.14	.269	792.00	30.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	101.53	.00	.000	.00	3.91
MEDICAL	0	0	28.20	.00	.000	.00	1.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	13.59	.00	.000	.00	.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	51.66	.00	.000	.00	1.99
CROSSOVERS/ALL OTH OUTPTNT	0	0	8.08	.00	.000	.00	.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,691
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	26	\$ 20,083.53	\$ 772.44	1.000	\$ 10041.77	\$ 772.44
COMM HOSP INPATIENT TOTAL	2	26	19,982.00	768.54	1.000	9991.00	768.54
HSC HOSPITALS	1	19	19,190.00	1010.00	.731	19190.00	738.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	7	792.00	113.14	.269	792.00	30.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	101.53	.00	.000	.00	3.91
MEDICAL	0	0	28.20	.00	.000	.00	1.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	13.59	.00	.000	.00	.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	51.66	.00	.000	.00	1.99
CROSSOVERS/ALL OTH OUTPTNT	0	0	8.08	.00	.000	.00	.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	419	\$ 49,063.33	\$ 117.10	16.115	\$ 3504.52	\$ 1887.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	419		49,063.33	117.10	16.115	3504.52	1887.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	18.60	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		18.60	.00	.000	.00	.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,692
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	20	\$ 1,674.33	\$ 83.72	.769	\$ 334.87	\$ 64.40
DURABLE MED. EQUIP.	2	4	950.09	237.52	.154	475.05	36.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	37.90	9.48	.154	37.90	1.46
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	37.90	9.48	.154	37.90	1.46
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	12	686.34	57.20	.462	343.17	26.40
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	3	\$ 1,255.94	\$ 418.65	.115	\$ 179.42	\$ 48.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,693
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	10,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		8,567	154,301	\$ 7,579,817.30	\$ 49.12	15.049	\$ 884.77	\$ 739.28
@PHYSICIANS SERVICES		1,835	8,799	\$ 316,344.08	\$ 35.95	.858	\$ 172.39	\$ 30.85
OUTPATIENT VISITS		509	714	28,178.40	39.47	.070	55.36	2.75
OFFICE VISITS		371	514	16,541.95	32.18	.050	44.59	1.61
HOME VISITS		2	2	103.20	51.60	.000	51.60	.01
EMERGENCY ROOM		154	187	11,159.91	59.68	.018	72.47	1.09
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		11	11	373.34	33.94	.001	33.94	.04
INPATIENT VISITS		185	969	45,493.30	46.95	.095	245.91	4.44
HOSPITAL VISITS		173	880	37,021.05	42.07	.086	213.99	3.61
CRITICAL CARE		25	71	7,874.99	110.92	.007	315.00	.77
SNF/ICF/TRANS IP CARE		10	18	597.26	33.18	.002	59.73	.06
OPHTHALMOLOGICAL SERVICES		45	51	2,312.30	45.34	.005	51.38	.23
EXAMINATIONS		45	51	2,312.30	45.34	.005	51.38	.23
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		87	496	36,653.34	73.90	.048	421.30	3.57
PRINCIPAL SURGEON		67	100	27,537.08	275.37	.010	411.00	2.69
ASSISTANT SURGEON		3	12	866.71	72.23	.001	288.90	.08
ANESTHESIOLOGIST		29	384	8,249.55	21.48	.037	284.47	.80

OUTPATIENT SURGERY	100	180	24,866.90	138.15	.018	248.67	2.43
PRINCIPAL SURGEON	85	102	22,616.96	221.73	.010	266.08	2.21
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.01
ANESTHESIOLOGIST	16	77	2,131.92	27.69	.008	133.25	.21
DIALYSIS	49	169	17,125.37	101.33	.016	349.50	1.67
PATHOLOGY	122	341	5,137.16	15.06	.033	42.11	.50
RADIOLOGY	323	769	41,693.78	54.22	.075	129.08	4.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	60	1,252	56,081.73	44.79	.122	934.70	5.47
OTHER SERVICES/ALL X-OVERS	1,090	3,858	58,801.80	15.24	.376	53.95	5.74
@PHARMACY	6,984	54,880	\$ 3,257,231.95	\$ 59.35	5.353	\$ 466.38	\$ 317.69
PRESCRIPTION DRUGS	6,888	31,401	3,205,979.17	102.10	3.063	465.44	312.69
SNF/ICF	120	702	51,577.04	73.47	.068	429.81	5.03
OUTPATIENTS	6,778	30,699	3,154,402.13	102.75	2.994	465.39	307.66
MEDICAL SUPPLIES	509	23,479	51,252.78	2.18	2.290	100.69	5.00
@DENTIST	609	2,465	\$ 114,738.30	\$ 46.55	.240	\$ 188.40	\$ 11.19
VISITS - DIAGNOSTIC	415	1,405	21,372.15	15.21	.137	51.50	2.08
ORAL SURGERY	101	397	21,520.83	54.21	.039	213.08	2.10
DRUGS	4	4	.00	.00	.000	.00	.00
ANESTHESIA	8	8	700.00	87.50	.001	87.50	.07
PERIODONTICS	18	20	3,565.00	178.25	.002	198.06	.35
ENDODONTICS	22	24	5,140.00	214.17	.002	233.64	.50
RESTORATIVE DENTISTRY	174	385	36,224.00	94.09	.038	208.18	3.53
PROSTHETICS	7	7	180.00	25.71	.001	25.71	.02
DENTURES, STAYPLATES	62	209	25,556.32	122.28	.020	412.20	2.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	5	480.00	96.00	.000	160.00	.05
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,694
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

10,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	188	549	\$ 10,453.19	\$ 19.04	.054	\$ 55.60	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	60	62	2,766.64	44.62	.006	46.11	.27
EYE APPLIANCES	152	443	7,033.91	15.88	.043	46.28	.69
OTHER OPTOMETRIC SERVICES	30	44	652.64	14.83	.004	21.75	.06
@CHIROPRACTOR	25	62	\$ 1,007.38	\$ 16.25	.006	\$ 40.30	\$.10
VISITS	20	57	923.78	16.21	.006	46.19	.09
OTHER SERVICES	5	5	83.60	16.72	.000	16.72	.01
@PODIATRIST	65	109	\$ 1,320.60	\$ 12.12	.011	\$ 20.32	\$.13
MEDICINE/INJECTIONS	3	5	166.20	33.24	.000	55.40	.02
SURGERY/ANES.	1	1	19.73	19.73	.000	19.73	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	62	103	1,134.67	11.02	.010	18.30	.11
@HOME HEALTH AGENCY	111	15,441	\$ 454,249.03	\$ 29.42	1.506	\$ 4092.33	\$ 44.30
NURSE ANESTHESIST	2	6	\$ 18.63	\$ 3.11	.001	\$ 9.32	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,654	9,570	\$ 2,185,195.33	\$ 228.34	.933	\$ 1321.16	\$ 213.13
HOSP INPATIENT TOTAL	185	1,548	1,981,140.48	1279.81	.151	10708.87	193.23
HSC HOSPITALS	18	113	185,586.00	1642.35	.011	10310.33	18.10

NON-HSC HOSPITAL TOTAL	88	772	1,727,705.79	2237.96	.075	19633.02	168.51
ACCOMMODATIONS	88	772	631,295.94	817.74	.075	7173.82	61.57
ADMINISTRATIVE DAYS	11	130	29,275.87	225.20	.013	2661.44	2.86
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00
ALL OTHER ACCOM	79	642	601,969.73	937.65	.063	7619.87	58.71
ANCILLARIES	88	0	1,096,409.85	.00	.000	12459.20	106.94
INPATIENT CROSSOVERS	82	663	67,848.69	102.34	.065	827.42	6.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,537	8,022	204,054.85	25.44	.782	132.76	19.90
MEDICAL	307	456	15,391.62	33.75	.044	50.14	1.50
SURGERY	74	107	3,987.05	37.26	.010	53.88	.39
PATHOLOGY	376	1,752	19,784.69	11.29	.171	52.62	1.93
RADIOLOGY	225	440	40,166.97	91.29	.043	178.52	3.92
ROOM USE	410	590	25,350.63	42.97	.058	61.83	2.47
CROSSOVERS/ALL OTH OUTPTNT	1,064	4,677	99,373.89	21.25	.456	93.40	9.69
@COUNTY HOSPITAL TOTAL	11	34	\$ 13,819.75	\$ 406.46	.003	\$ 1256.34	\$ 1.35
CO HOSPITAL INPATIENT TOTAL	2	8	13,415.50	1676.94	.001	6707.75	1.31
HSC HOSPITALS	2	4	4,117.00	1029.25	.000	2058.50	.40
NON-HSC HOSPITALS TOTAL	1	4	9,298.50	2324.63	.000	9298.50	.91
ACCOMMODATIONS	1	4	5,400.00	1350.00	.000	5400.00	.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	5,400.00	1350.00	.000	5400.00	.53
ANCILLARIES	1	0	3,898.50	.00	.000	3898.50	.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	26	404.25	15.55	.003	40.43	.04
MEDICAL	2	2	73.76	36.88	.000	36.88	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	24.28	12.14	.000	24.28	.00
RADIOLOGY	1	1	15.08	15.08	.000	15.08	.00
ROOM USE	3	3	125.20	41.73	.000	41.73	.01
CROSSOVERS/ALL OTH OUTPTNT	8	18	165.93	9.22	.002	20.74	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	10,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,647	9,536	\$ 2,171,375.58	\$ 227.70	.930	\$ 1318.38	\$ 211.78	
COMM HOSP INPATIENT TOTAL	183	1,540	1,967,724.98	1277.74	.150	10752.60	191.92	
HSC HOSPITALS	16	109	181,469.00	1664.85	.011	11341.81	17.70	
NON-HSC HOSPITALS TOTAL	87	768	1,718,407.29	2237.51	.075	19751.81	167.60	
ACCOMMODATIONS	87	768	625,895.94	814.97	.075	7194.21	61.05	
ADMINISTRATIVE DAYS	11	130	29,275.87	225.20	.013	2661.44	2.86	
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00	
ALL OTHER ACCOM	78	638	596,569.73	935.06	.062	7648.33	58.18	
ANCILLARIES	87	0	1,092,511.35	.00	.000	12557.60	106.56	
INPATIENT CROSSOVERS	82	663	67,848.69	102.34	.065	827.42	6.62	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,531	7,996	203,650.60	25.47	.780	133.02	19.86	
MEDICAL	306	454	15,317.86	33.74	.044	50.06	1.49	
SURGERY	74	107	3,987.05	37.26	.010	53.88	.39	
PATHOLOGY	375	1,750	19,760.41	11.29	.171	52.69	1.93	
RADIOLOGY	224	439	40,151.89	91.46	.043	179.25	3.92	
ROOM USE	409	587	25,225.43	42.97	.057	61.68	2.46	

CROSSOVERS/ALL OTH OUTPTNT	1,058	4,659		99,207.96		21.29	.454	93.77	9.68
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	94	2,693	\$	346,331.14	\$	128.60	.263	\$ 3684.37	\$ 33.78
LEV A-INTERMEDIATE	5	214		20,816.78		97.27	.021	4163.36	2.03
LEV B-REHAB MD	13	483		58,409.19		120.93	.047	4493.01	5.70
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	76	1,996		267,105.17		133.82	.195	3514.54	26.05
@INTERMEDIATE CARE FACIL.-DD	22	654	\$	90,858.18	\$	138.93	.064	\$ 4129.92	\$ 8.86
ICF DDH	22	654		90,858.18		138.93	.064	4129.92	8.86
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	180	4,160	\$	203,260.88	\$	48.86	.406	\$ 1129.23	\$ 19.82
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	180	4,160		203,260.88		48.86	.406	1129.23	19.82
@REHABILITATION FACILITY	38	682	\$	9,625.52	\$	14.11	.067	\$ 253.30	\$.94
HOSPITAL BASED	1	2		58.12		29.06	.000	58.12	.01
INDEPENDENT FACILITY	37	680		9,567.40		14.07	.066	258.58	.93
@LABORATORY FACILITY	297	1,489	\$	20,909.64	\$	14.04	.145	\$ 70.40	\$ 2.04
PATHOLOGY	296	1,487		20,901.36		14.06	.145	70.61	2.04
XO AND OTHERS	1	2		8.28		4.14	.000	8.28	.00
@ORGANIZED OUTPATIENT CLINIC	1,158	2,416	\$	170,650.01	\$	70.63	.236	\$ 147.37	\$ 16.64
CLINIC	42	103		2,843.95		27.61	.010	67.71	.28
SURGICENTER	16	25		2,691.23		107.65	.002	168.20	.26
HEROIN DETOX CLINIC	3	38		444.80		11.71	.004	148.27	.04
RURAL HEALTH CLINIC	1,113	2,250		164,670.03		73.19	.219	147.95	16.06

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PAGE 14,696 01/17/03

10,253 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,153	50,326	\$	397,623.44	\$ 7.90	4.908	\$ 344.86	\$ 38.78
DURABLE MED. EQUIP.	113	430		89,575.21	208.31	.042	792.70	8.74
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	15		447.16	29.81	.001	55.90	.04
MEDICAL TRANSPORTATION	254	13,818		70,942.84	5.13	1.348	279.30	6.92
AMBULANCES/AIR TRANS	79	1,148		19,461.96	16.95	.112	246.35	1.90
OTHER TRANS	67	11,684		42,782.00	3.66	1.140	638.54	4.17
OTHER SERVICES	110	986		8,698.88	8.82	.096	79.08	.85
ACUPUNCTURE	19	65		1,100.25	16.93	.006	57.91	.11
ADULT DAY HEALTH CARE CTR	20	341		22,767.12	66.77	.033	1138.36	2.22
GENETIC DISEASE TESTING	5	5		362.00	72.40	.000	72.40	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	40	1,503		58,416.13	38.87	.147	1460.40	5.70
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	221	532		6,577.22	12.36	.052	29.76	.64
PHYSICAL THERAPIST	13	172		2,838.38	16.50	.017	218.34	.28
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	60		6,595.50	109.93	.006	387.97	.64
PROSTHETICS	15	58		6,529.60	112.58	.006	435.31	.64
ORTHOTICS	2	2		65.90	32.95	.000	32.95	.01
PSYCHOLOGIST	15	73		940.18	12.88	.007	62.68	.09
SPEECH AND AUDIOLOGY	52	193		12,036.85	62.37	.019	231.48	1.17

HOSPICE SERVICES	19	512		70,911.99	138.50	.050	3732.21	6.92
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	92	5,180		27,498.72	5.31	.505	298.90	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	373	27,427		26,613.89	.97	2.675	71.35	2.60
@CALIF. CHILDREN SERVICES*	93	5,393	\$	311,929.74	\$ 57.84	.526	\$ 3354.08	\$ 30.42
@XOVER EXCLUDING STATE HOSP**	1,852	19,494	\$	348,868.80	\$ 17.90	1.901	\$ 188.37	\$ 34.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,697
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

						----- MONTHLY AVERAGE -----		
161,022 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	60,548	305,535	\$ 20,340,789.18	\$ 66.57	1.897	\$ 335.94	\$ 126.32	
@PHYSICIANS SERVICES	17,715	44,359	\$ 2,332,518.17	\$ 52.58	.275	\$ 131.67	\$ 14.49	
OUTPATIENT VISITS	11,625	15,992	556,010.23	34.77	.099	47.83	3.45	
OFFICE VISITS	6,933	9,083	265,765.45	29.26	.056	38.33	1.65	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4,569	5,449	228,204.16	41.88	.034	49.95	1.42	
PREVENTIVE CARE	181	185	7,166.51	38.74	.001	39.59	.04	
OB VISITS/COMPRE PERI	431	1,159	49,886.76	43.04	.007	115.75	.31	
OTHER OUTPATIENT	86	116	4,987.35	42.99	.001	57.99	.03	
INPATIENT VISITS	1,166	3,926	283,882.87	72.31	.024	243.47	1.76	
HOSPITAL VISITS	1,097	2,914	133,910.73	45.95	.018	122.07	.83	
CRITICAL CARE	161	1,008	149,865.64	148.68	.006	930.84	.93	
SNF/ICF/TRANS IP CARE	2	4	106.50	26.63	.000	53.25	.00	
OPHTHALMOLOGICAL SERVICES	212	242	11,155.19	46.10	.002	52.62	.07	

EXAMINATIONS	201	231	11,009.00	47.66	.001	54.77	.07
SERVICES AND MATERIALS	11	11	146.19	13.29	.000	13.29	.00
INPATIENT HOSPITAL SURGERY	1,202	5,513	569,036.12	103.22	.034	473.41	3.53
PRINCIPAL SURGEON	795	910	457,205.02	502.42	.006	575.10	2.84
ASSISTANT SURGEON	98	101	17,294.76	171.24	.001	176.48	.11
ANESTHESIOLOGIST	472	4,502	94,536.34	21.00	.028	200.29	.59
OUTPATIENT SURGERY	1,405	3,497	222,504.21	63.63	.022	158.37	1.38
PRINCIPAL SURGEON	1,131	1,400	173,283.56	123.77	.009	153.21	1.08
ASSISTANT SURGEON	13	13	1,190.24	91.56	.000	91.56	.01
ANESTHESIOLOGIST	332	2,084	48,030.41	23.05	.013	144.67	.30
DIALYSIS	42	78	12,131.32	155.53	.000	288.84	.08
PATHOLOGY	1,847	3,190	52,130.30	16.34	.020	28.22	.32
RADIOLOGY	4,248	6,265	230,981.47	36.87	.039	54.37	1.43
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	293	1,782	125,737.65	70.56	.011	429.14	.78
OTHER SERVICES/ALL X-OVERS	1,634	3,873	268,875.52	69.42	.024	164.55	1.67
@PHARMACY	26,245	69,620	\$ 2,895,509.32	\$ 41.59	.432	\$ 110.33	\$ 17.98
PRESCRIPTION DRUGS	25,975	56,531	2,804,303.09	49.61	.351	107.96	17.42
SNF/ICF	34	77	38,665.96	502.16	.000	1137.23	.24
OUTPATIENTS	25,952	56,454	2,765,637.13	48.99	.351	106.57	17.18
MEDICAL SUPPLIES	868	13,089	91,206.23	6.97	.081	105.08	.57
@DENTIST	6,653	29,618	\$ 1,044,741.59	\$ 35.27	.184	\$ 157.03	\$ 6.49
VISITS - DIAGNOSTIC	4,707	18,181	286,116.12	15.74	.113	60.79	1.78
ORAL SURGERY	934	2,006	121,014.56	60.33	.012	129.57	.75
DRUGS	48	59	1,047.68	17.76	.000	21.83	.01
ANESTHESIA	76	79	6,675.00	84.49	.000	87.83	.04
PERIODONTICS	162	165	27,085.00	164.15	.001	167.19	.17
ENDODONTICS	521	941	109,635.50	116.51	.006	210.43	.68
RESTORATIVE DENTISTRY	2,584	7,329	436,650.25	59.58	.046	168.98	2.71
PROSTHETICS	24	24	720.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	110	416	35,929.66	86.37	.003	326.63	.22
SPACE MAINTAINERS	58	69	7,441.86	107.85	.000	128.31	.05
MAXILLOFACIAL SERVICES	16	20	1,032.48	51.62	.000	64.53	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	136	292	11,178.48	38.28	.002	82.19	.07
ALL OTHER SERVICES	28	36	75.00	2.08	.000	2.68	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,698
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J						

----- MONTHLY AVERAGE -----							
161,022 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,284	3,682	\$ 89,111.00	\$ 24.20	.023	\$ 69.40	\$.55
DIAGNOSTIC AND ANC. PROCED	830	843	38,862.06	46.10	.005	46.82	.24
EYE APPLIANCES	893	2,664	39,320.77	14.76	.017	44.03	.24
OTHER OPTOMETRIC SERVICES	162	175	10,928.17	62.45	.001	67.46	.07
@CHIROPRACTOR	225	416	\$ 6,899.09	\$ 16.58	.003	\$ 30.66	\$.04
VISITS	225	416	6,899.09	16.58	.003	30.66	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	46	82	\$ 2,544.35	\$ 31.03	.001	\$ 55.31	\$.02
MEDICINE/INJECTIONS	35	43	1,347.80	31.34	.000	38.51	.01
SURGERY/ANES.	12	17	686.17	40.36	.000	57.18	.00
RADIO./PATHOLOGY	9	13	238.74	18.36	.000	26.53	.00
OTHER	8	9	271.64	30.18	.000	33.96	.00
@HOME HEALTH AGENCY	244	747	\$ 48,067.75	\$ 64.35	.005	\$ 197.00	\$.30
NURSE ANESTHESIST	1	3	\$ 51.90	\$ 17.30	.000	\$ 51.90	\$.00

NURSE MIDWIFE	630	5,911	\$	150,924.16	\$	25.53	.037	\$	239.56	\$	.94
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	140.58	\$	46.86	.000	\$	46.86	\$	.00
@TOTAL HOSPITAL	17,274	69,918	\$	10,607,130.49	\$	151.71	.434	\$	614.05	\$	65.87
HOSP INPATIENT TOTAL	1,292	5,401		8,719,427.31		1614.41	.034		6748.78		54.15
HSC HOSPITALS	85	524		819,455.12		1563.85	.003		9640.65		5.09
NON-HSC HOSPITAL TOTAL	1,209	4,870		7,897,536.19		1621.67	.030		6532.29		49.05
ACCOMMODATIONS	1,205	4,870		3,250,423.18		667.44	.030		2697.45		20.19
ADMINISTRATIVE DAYS	23	196		44,379.24		226.42	.001		1929.53		.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,194	4,674		3,206,043.94		685.93	.029		2685.13		19.91
ANCILLARIES	1,208	0		4,647,113.01		.00	.000		3846.95		28.86
INPATIENT CROSSOVERS	3	7		2,436.00		348.00	.000		812.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16,540	64,517		1,887,703.18		29.26	.401		114.13		11.72
MEDICAL	5,596	7,502		260,221.74		34.69	.047		46.50		1.62
SURGERY	1,403	1,700		71,204.25		41.88	.011		50.75		.44
PATHOLOGY	5,609	18,170		223,994.89		12.33	.113		39.93		1.39
RADIOLOGY	3,726	4,751		338,409.88		71.23	.030		90.82		2.10
ROOM USE	12,130	16,907		643,494.12		38.06	.105		53.05		4.00
CROSSOVERS/ALL OTH OUTPTNT	5,569	15,487		350,378.30		22.62	.096		62.92		2.18
@COUNTY HOSPITAL TOTAL	38	168	\$	10,990.30	\$	65.42	.001	\$	289.22	\$	.07
CO HOSPITAL INPATIENT TOTAL	2	5		5,929.00		1185.80	.000		2964.50		.04
HSC HOSPITALS	2	5		5,929.00		1185.80	.000		2964.50		.04
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	36	163		5,061.30		31.05	.001		140.59		.03
MEDICAL	8	9		270.98		30.11	.000		33.87		.00
SURGERY	15	23		656.05		28.52	.000		43.74		.00
PATHOLOGY	16	47		888.17		18.90	.000		55.51		.01
RADIOLOGY	5	13		1,044.28		80.33	.000		208.86		.01
ROOM USE	18	27		1,172.06		43.41	.000		65.11		.01
CROSSOVERS/ALL OTH OUTPTNT	24	44		1,029.76		23.40	.000		42.91		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,699
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	161,022 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17,244	69,750	\$	10,596,140.19	\$ 151.92	.433	\$ 614.48	\$ 65.81
COMM HOSP INPATIENT TOTAL	1,290	5,396		8,713,498.31	1614.81	.034	6754.65	54.11
HSC HOSPITALS	83	519		813,526.12	1567.49	.003	9801.52	5.05
NON-HSC HOSPITALS TOTAL	1,209	4,870		7,897,536.19	1621.67	.030	6532.29	49.05
ACCOMMODATIONS	1,205	4,870		3,250,423.18	667.44	.030	2697.45	20.19
ADMINISTRATIVE DAYS	23	196		44,379.24	226.42	.001	1929.53	.28
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,194	4,674		3,206,043.94	685.93	.029	2685.13	19.91
ANCILLARIES	1,208	0		4,647,113.01	.00	.000	3846.95	28.86
INPATIENT CROSSOVERS	3	7		2,436.00	348.00	.000	812.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	16,512	64,354		1,882,641.88		29.25	.400	114.02	11.69
MEDICAL	5,588	7,493		259,950.76		34.69	.047	46.52	1.61
SURGERY	1,388	1,677		70,548.20		42.07	.010	50.83	.44
PATHOLOGY	5,594	18,123		223,106.72		12.31	.113	39.88	1.39
RADIOLOGY	3,722	4,738		337,365.60		71.20	.029	90.64	2.10
ROOM USE	12,115	16,880		642,322.06		38.05	.105	53.02	3.99
CROSSOVERS/ALL OTH OUTPTNT	5,546	15,443		349,348.54		22.62	.096	62.99	2.17
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	5	46	\$	6,809.71	\$	148.04	.000	\$ 1361.94	\$.04
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	5	46		6,809.71		148.04	.000	1361.94	.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	64	3,168	\$	128,919.40	\$	40.69	.020	\$ 2014.37	\$.80
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	64	3,168		128,919.40		40.69	.020	2014.37	.80
@REHABILITATION FACILITY	53	964	\$	12,989.09	\$	13.47	.006	\$ 245.08	\$.08
HOSPITAL BASED	4	10		275.74		27.57	.000	68.94	.00
INDEPENDENT FACILITY	49	954		12,713.35		13.33	.006	259.46	.08
@LABORATORY FACILITY	4,872	14,464	\$	220,067.84	\$	15.21	.090	\$ 45.17	\$ 1.37
PATHOLOGY	4,870	14,462		219,866.56		15.20	.090	45.15	1.37
XO AND OTHERS	2	2		201.28		100.64	.000	100.64	.00
@ORGANIZED OUTPATIENT CLINIC	13,937	28,289	\$	2,314,083.87	\$	81.80	.176	\$ 166.04	\$ 14.37
CLINIC	2,005	8,224		203,064.80		24.69	.051	101.28	1.26
SURGICENTER	48	243		9,209.95		37.90	.002	191.87	.06
HEROIN DETOX CLINIC	9	125		1,512.44		12.10	.001	168.05	.01
RURAL HEALTH CLINIC	11,947	19,697		2,100,296.68		106.63	.122	175.80	13.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,700
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	161,022 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,109	34,245	\$	480,280.87	\$ 14.02	.213	\$ 94.01	\$ 2.98
DURABLE MED. EQUIP.	232	1,355		39,337.78	29.03	.008	169.56	.24
BLOOD BANK	1	528		1,660.00	3.14	.003	1660.00	.01
HEARING AID DISPENSERS	7	10		324.18	32.42	.000	46.31	.00
MEDICAL TRANSPORTATION	536	8,996		137,606.98	15.30	.056	256.73	.85
AMBULANCES/AIR TRANS	518	6,271		99,014.20	15.79	.039	191.15	.61
OTHER TRANS	15	2,683		7,738.90	2.88	.017	515.93	.05
OTHER SERVICES	20	42		30,853.88	734.62	.000	1542.69	.19
ACUPUNCTURE	49	113		1,930.15	17.08	.001	39.39	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	547	553		41,723.00	75.45	.003	76.28	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,154	2,599		26,080.90	10.03	.016	22.60	.16
PHYSICAL THERAPIST	87	628		13,290.88	21.16	.004	152.77	.08

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	111	233	30,870.87	132.49	.001	278.12	.19
PROSTHETICS	60	172	25,505.80	148.29	.001	425.10	.16
ORTHOTICS	60	61	5,365.07	87.95	.000	89.42	.03
PSYCHOLOGIST	10	20	1,063.98	53.20	.000	106.40	.01
SPEECH AND AUDIOLOGY	106	264	13,530.77	51.25	.002	127.65	.08
HOSPICE SERVICES	6	103	14,934.36	144.99	.001	2489.06	.09
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38	.11
LOCAL EDUCATION AGENCIES	2,289	13,512	136,431.70	10.10	.084	59.60	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	41	5,313	3,722.41	.70	.033	90.79	.02
@CALIF. CHILDREN SERVICES*	678	6,797	\$ 1,467,295.01	\$ 215.87	.042	\$ 2164.15	\$ 9.11
@XOVER EXCLUDING STATE HOSP**	214	2,178	\$ 35,166.14	\$ 16.15	.014	\$ 164.33	\$.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,701
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

184,219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77,814	599,638	\$ 32,459,602.63	\$ 54.13	3.255	\$ 417.14	\$ 176.20
@PHYSICIANS SERVICES	21,167	62,307	\$ 2,852,500.45	\$ 45.78	.338	\$ 134.76	\$ 15.48
OUTPATIENT VISITS	12,443	17,155	605,683.74	35.31	.093	48.68	3.29
OFFICE VISITS	7,526	9,913	294,958.08	29.75	.054	39.19	1.60
HOME VISITS	2	2	103.20	51.60	.000	51.60	.00
EMERGENCY ROOM	4,828	5,766	248,133.78	43.03	.031	51.39	1.35
PREVENTIVE CARE	181	185	7,166.51	38.74	.001	39.59	.04
OB VISITS/COMPRE PERI	431	1,159	49,886.76	43.04	.006	115.75	.27
OTHER OUTPATIENT	100	130	5,435.41	41.81	.001	54.35	.03
INPATIENT VISITS	1,435	5,240	345,945.11	66.02	.028	241.08	1.88
HOSPITAL VISITS	1,343	4,084	183,110.68	44.84	.022	136.34	.99
CRITICAL CARE	195	1,115	161,398.13	144.75	.006	827.68	.88
SNF/ICF/TRANS IP CARE	27	41	1,436.30	35.03	.000	53.20	.01
OPHTHALMOLOGICAL SERVICES	300	347	15,932.65	45.92	.002	53.11	.09
EXAMINATIONS	289	336	15,786.46	46.98	.002	54.62	.09
SERVICES AND MATERIALS	11	11	146.19	13.29	.000	13.29	.00
INPATIENT HOSPITAL SURGERY	1,335	6,263	624,122.80	99.65	.034	467.51	3.39
PRINCIPAL SURGEON	893	1,056	497,992.46	471.58	.006	557.66	2.70
ASSISTANT SURGEON	107	119	19,244.31	161.72	.001	179.85	.10
ANESTHESIOLOGIST	520	5,088	106,886.03	21.01	.028	205.55	.58
OUTPATIENT SURGERY	1,594	3,971	285,948.15	72.01	.022	179.39	1.55
PRINCIPAL SURGEON	1,289	1,589	230,125.84	144.82	.009	178.53	1.25
ASSISTANT SURGEON	18	18	1,678.71	93.26	.000	93.26	.01
ANESTHESIOLOGIST	379	2,364	54,143.60	22.90	.013	142.86	.29
DIALYSIS	99	260	31,278.86	120.30	.001	315.95	.17
PATHOLOGY	2,028	3,644	59,475.31	16.32	.020	29.33	.32
RADIOLOGY	4,831	7,663	301,763.93	39.38	.042	62.46	1.64
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	365	3,108	190,986.06	61.45	.017	523.25	1.04
OTHER SERVICES/ALL X-OVERS	3,828	14,655	391,290.55	26.70	.080	102.22	2.12
@PHARMACY	40,432	185,596	\$ 7,742,523.12	\$ 41.72	1.007	\$ 191.49	\$ 42.03
PRESCRIPTION DRUGS	39,950	114,943	7,544,741.74	65.64	.624	188.85	40.96

SNF/ICF	415	2,244		159,723.46	71.18	.012	384.88	.87
OUTPATIENTS	39,576	112,699		7,385,018.28	65.53	.612	186.60	40.09
MEDICAL SUPPLIES	1,962	70,653		197,781.38	2.80	.384	100.81	1.07
@DENTIST	7,703	33,751	\$	1,251,300.97	\$ 37.07	.183	\$ 162.44	\$ 6.79
VISITS - DIAGNOSTIC	5,401	20,558		321,342.34	15.63	.112	59.50	1.74
ORAL SURGERY	1,106	2,641		155,831.22	59.00	.014	140.90	.85
DRUGS	52	63		1,047.68	16.63	.000	20.15	.01
ANESTHESIA	86	89		7,575.00	85.11	.000	88.08	.04
PERIODONTICS	202	209		33,515.00	160.36	.001	165.92	.18
ENDODONTICS	554	976		117,061.50	119.94	.005	211.30	.64
RESTORATIVE DENTISTRY	2,855	7,921		496,340.25	62.66	.043	173.85	2.69
PROSTHETICS	34	34		990.00	29.12	.000	29.12	.01
DENTURES, STAYPLATES	259	836		97,250.16	116.33	.005	375.48	.53
SPACE MAINTAINERS	58	69		7,441.86	107.85	.000	128.31	.04
MAXILLOFACIAL SERVICES	19	25		1,512.48	60.50	.000	79.60	.01
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	136	292		11,178.48	38.28	.002	82.19	.06
ALL OTHER SERVICES	29	37		75.00	2.03	.000	2.59	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,702
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

						----- MONTHLY AVERAGE -----		
184,219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,626	4,693	\$ 108,744.74	\$ 23.17	.025	\$ 66.88	\$.59	
DIAGNOSTIC AND ANC. PROCED	926	942	43,282.13	45.95	.005	46.74	.23	
EYE APPLIANCES	1,170	3,471	52,328.72	15.08	.019	44.73	.28	
OTHER OPTOMETRIC SERVICES	224	280	13,133.89	46.91	.002	58.63	.07	
@CHIROPRACTOR	250	478	\$ 7,906.47	\$ 16.54	.003	\$ 31.63	\$.04	
VISITS	245	473	7,822.87	16.54	.003	31.93	.04	
OTHER SERVICES	5	5	83.60	16.72	.000	16.72	.00	
@PODIATRIST	232	380	\$ 6,026.40	\$ 15.86	.002	\$ 25.98	\$.03	

MEDICINE/INJECTIONS	46	56		1,791.70		31.99	.000	38.95	.01
SURGERY/ANES.	19	35		1,091.69		31.19	.000	57.46	.01
RADIO./PATHOLOGY	9	13		238.74		18.36	.000	26.53	.00
OTHER	180	276		2,904.27		10.52	.001	16.13	.02
@HOME HEALTH AGENCY	370	16,285	\$	508,962.14	\$	31.25	.088	\$ 1375.57	\$ 2.76
NURSE ANESTHESIST	3	9	\$	70.53	\$	7.84	.000	\$ 23.51	\$.00
NURSE MIDWIFE	630	5,911	\$	150,924.16	\$	25.53	.032	\$ 239.56	\$.82
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	140.58	\$	46.86	.000	\$ 46.86	\$.00
@TOTAL HOSPITAL	20,236	86,100	\$	14,024,285.46	\$	162.88	.467	\$ 693.04	\$ 76.13
HOSP INPATIENT TOTAL	1,664	8,301		11,798,574.17		1421.34	.045	7090.49	64.05
HSC HOSPITALS	107	669		1,044,836.12		1561.79	.004	9764.82	5.67
NON-HSC HOSPITAL TOTAL	1,361	6,025		10,586,493.27		1757.09	.033	7778.47	57.47
ACCOMMODATIONS	1,357	6,025		4,119,153.25		683.68	.033	3035.49	22.36
ADMINISTRATIVE DAYS	38	363		82,184.34		226.40	.002	2162.75	.45
TRANSITIONAL IP CARE	0	0		50.34		.00	.000	.00	.00
ALL OTHER ACCOM	1,335	5,662		4,036,918.57		712.98	.031	3023.91	21.91
ANCILLARIES	1,360	0		6,467,340.02		.00	.000	4755.40	35.11
INPATIENT CROSSOVERS	204	1,607		167,244.78		104.07	.009	819.83	.91
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,254	77,799		2,225,711.29		28.61	.422	115.60	12.08
MEDICAL	6,131	8,316		287,860.58		34.62	.045	46.95	1.56
SURGERY	1,513	1,850		79,042.03		42.73	.010	52.24	.43
PATHOLOGY	6,263	20,973		256,487.33		12.23	.114	40.95	1.39
RADIOLOGY	4,139	5,469		399,058.96		72.97	.030	96.41	2.17
ROOM USE	12,796	17,874		684,664.32		38.31	.097	53.51	3.72
CROSSOVERS/ALL OTH OUTPTNT	7,449	23,317		518,598.07		22.24	.127	69.62	2.82
@COUNTY HOSPITAL TOTAL	49	202	\$	24,810.05	\$	122.82	.001	\$ 506.33	\$.13
CO HOSPITAL INPATIENT TOTAL	4	13		19,344.50		1488.04	.000	4836.13	.11
HSC HOSPITALS	4	9		10,046.00		1116.22	.000	2511.50	.05
NON-HSC HOSPITALS TOTAL	1	4		9,298.50		2324.63	.000	9298.50	.05
ACCOMMODATIONS	1	4		5,400.00		1350.00	.000	5400.00	.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	4		5,400.00		1350.00	.000	5400.00	.03
ANCILLARIES	1	0		3,898.50		.00	.000	3898.50	.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	46	189		5,465.55		28.92	.001	118.82	.03
MEDICAL	10	11		344.74		31.34	.000	34.47	.00
SURGERY	15	23		656.05		28.52	.000	43.74	.00
PATHOLOGY	17	49		912.45		18.62	.000	53.67	.00
RADIOLOGY	6	14		1,059.36		75.67	.000	176.56	.01
ROOM USE	21	30		1,297.26		43.24	.000	61.77	.01
CROSSOVERS/ALL OTH OUTPTNT	32	62		1,195.69		19.29	.000	37.37	.01

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 14,703 01/17/03

	184,219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,199	85,898	\$	13,999,475.41	\$ 162.98	.466	\$ 693.08	\$ 75.99
COMM HOSP INPATIENT TOTAL	1,660	8,288		11,779,229.67	1421.24	.045	7095.92	63.94
HSC HOSPITALS	103	660		1,034,790.12	1567.86	.004	10046.51	5.62
NON-HSC HOSPITALS TOTAL	1,360	6,021		10,577,194.77	1756.72	.033	7777.35	57.42
ACCOMMODATIONS	1,356	6,021		4,113,753.25	683.23	.033	3033.74	22.33

ADMINISTRATIVE DAYS	38	363		82,184.34	226.40	.002	2162.75	.45
TRANSITIONAL IP CARE	0	0		50.34	.00	.000	.00	.00
ALL OTHER ACCOM	1,334	5,658		4,031,518.57	712.53	.031	3022.13	21.88
ANCILLARIES	1,359	0		6,463,441.52	.00	.000	4756.03	35.09
INPATIENT CROSSOVERS	204	1,607		167,244.78	104.07	.009	819.83	.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19,220	77,610		2,220,245.74	28.61	.421	115.52	12.05
MEDICAL	6,122	8,305		287,515.84	34.62	.045	46.96	1.56
SURGERY	1,498	1,827		78,385.98	42.90	.010	52.33	.43
PATHOLOGY	6,247	20,924		255,574.88	12.21	.114	40.91	1.39
RADIOLOGY	4,134	5,455		397,999.60	72.96	.030	96.27	2.16
ROOM USE	12,780	17,844		683,367.06	38.30	.097	53.47	3.71
CROSSOVERS/ALL OTH OUTPTNT	7,420	23,255		517,402.38	22.25	.126	69.73	2.81
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	396	9,194	\$	1,194,247.56	\$ 129.89	.050	\$ 3015.78	\$ 6.48
LEV A-INTERMEDIATE	5	214		20,816.78	97.27	.001	4163.36	.11
LEV B-REHAB MD	13	483		58,409.19	120.93	.003	4493.01	.32
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	378	8,497		1,115,021.59	131.23	.046	2949.79	6.05
@INTERMEDIATE CARE FACIL.-DD	22	654	\$	90,858.18	\$ 138.93	.004	\$ 4129.92	\$.49
ICF DDH	22	654		90,858.18	138.93	.004	4129.92	.49
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	298	7,564	\$	371,169.26	\$ 49.07	.041	\$ 1245.53	\$ 2.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	298	7,564		371,169.26	49.07	.041	1245.53	2.01
@REHABILITATION FACILITY	92	1,647	\$	22,643.67	\$ 13.75	.009	\$ 246.13	\$.12
HOSPITAL BASED	6	13		362.92	27.92	.000	60.49	.00
INDEPENDENT FACILITY	86	1,634		22,280.75	13.64	.009	259.08	.12
@LABORATORY FACILITY	5,378	16,900	\$	250,672.19	\$ 14.83	.092	\$ 46.61	\$ 1.36
PATHOLOGY	5,374	16,895		250,450.85	14.82	.092	46.60	1.36
XO AND OTHERS	4	5		221.34	44.27	.000	55.34	.00
@ORGANIZED OUTPATIENT CLINIC	16,051	32,281	\$	2,598,452.97	\$ 80.49	.175	\$ 161.89	\$ 14.11
CLINIC	2,050	8,339		206,138.99	24.72	.045	100.56	1.12
SURGICENTER	134	399		27,583.65	69.13	.002	205.85	.15
HEROIN DETOX CLINIC	12	163		1,957.24	12.01	.001	163.10	.01
RURAL HEALTH CLINIC	13,954	23,380		2,362,773.09	101.06	.127	169.33	12.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,704
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC							

				----- MONTHLY AVERAGE -----			
184,219 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,590	135,885	\$ 1,278,173.78	\$ 9.41	.738	\$ 168.40	\$ 6.94
DURABLE MED. EQUIP.	408	1,970	165,699.43	84.11	.011	406.13	.90
BLOOD BANK	1	528	1,660.00	3.14	.003	1660.00	.01
HEARING AID DISPENSERS	43	75	6,516.66	86.89	.000	151.55	.04
MEDICAL TRANSPORTATION	1,045	33,333	264,411.83	7.93	.181	253.03	1.44
AMBULANCES/AIR TRANS	623	7,757	123,750.20	15.95	.042	198.64	.67
OTHER TRANS	177	23,189	90,492.84	3.90	.126	511.26	.49
OTHER SERVICES	272	2,387	50,168.79	21.02	.013	184.44	.27
ACUPUNCTURE	75	189	3,234.49	17.11	.001	43.13	.02

ADULT DAY HEALTH CARE CTR	125	1,472	98,218.30	66.72	.008	785.75	.53
GENETIC DISEASE TESTING	552	558	42,085.00	75.42	.003	76.24	.23
IHMC,MODEL-NF,NF,AIDS,MSSP	358	3,360	181,711.46	54.08	.018	507.57	.99
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,573	3,609	38,755.45	10.74	.020	24.64	.21
PHYSICAL THERAPIST	100	800	16,129.26	20.16	.004	161.29	.09
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	131	298	37,609.80	126.21	.002	287.10	.20
PROSTHETICS	77	233	32,098.93	137.76	.001	416.87	.17
ORTHOTICS	63	65	5,510.87	84.78	.000	87.47	.03
PSYCHOLOGIST	29	98	2,093.80	21.37	.001	72.20	.01
SPEECH AND AUDIOLOGY	195	532	32,307.34	60.73	.003	165.68	.18
HOSPICE SERVICES	46	1,102	142,300.58	129.13	.006	3093.49	.77
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38	.10
LOCAL EDUCATION AGENCIES	2,381	18,692	163,930.42	8.77	.101	68.85	.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	919	69,250	63,736.40	.92	.376	69.35	.35
@CALIF. CHILDREN SERVICES*	771	12,190	\$ 1,779,224.75	\$ 145.96	.066	\$ 2307.68	\$ 9.66
@XOVER EXCLUDING STATE HOSP**	4,167	37,420	\$ 760,349.97	\$ 20.32	.203	\$ 182.47	\$ 4.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,705
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	298	3,268	\$ 234,883.81	\$ 71.87	16.845	\$ 788.20	\$ 1210.74
@PHYSICIANS SERVICES	33	80	\$ 1,140.37	\$ 14.25	.412	\$ 34.56	\$ 5.88
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	8	570.00	71.25	.041	285.00	2.94
HOSPITAL VISITS	1	2	83.60	41.80	.010	83.60	.43
CRITICAL CARE	2	6	486.40	81.07	.031	243.20	2.51
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	2.91	1.46	.010	2.91	.02

RADIOLOGY	1	2		60.34		30.17	.010	60.34	.31
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	68		507.12		7.46	.351	16.90	2.61
@PHARMACY	173	1,020	\$	54,514.41	\$	53.45	5.258	\$ 315.11	\$ 281.00
PRESCRIPTION DRUGS	166	850		53,773.79		63.26	4.381	323.94	277.18
SNF/ICF	64	382		19,066.29		49.91	1.969	297.91	98.28
OUTPATIENTS	103	468		34,707.50		74.16	2.412	336.97	178.90
MEDICAL SUPPLIES	13	170		740.62		4.36	.876	56.97	3.82
@DENTIST	44	181	\$	7,627.00	\$	42.14	.933	\$ 173.34	\$ 39.31
VISITS - DIAGNOSTIC	29	95		879.00		9.25	.490	30.31	4.53
ORAL SURGERY	11	16		318.00		19.88	.082	28.91	1.64
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		.00		.00	.005	.00	.00
PERIODONTICS	1	2		110.00		55.00	.010	110.00	.57
ENDODONTICS	1	1		.00		.00	.005	.00	.00
RESTORATIVE DENTISTRY	12	41		1,840.00		44.88	.211	153.33	9.48
PROSTHETICS	1	1		30.00		30.00	.005	30.00	.15
DENTURES, STAYPLATES	8	23		4,450.00		193.48	.119	556.25	22.94
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,706
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED								
						AID CODE			

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	9	\$ 138.81	\$ 15.42	.046	\$ 27.76	\$.72
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	5	9	138.81	15.42	.046	27.76	.72
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	6	\$ 43.92	\$ 7.32	.031	\$ 8.78	\$.23
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	6	43.92	7.32	.031	8.78	.23
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	40	189	\$ 7,936.84	\$ 41.99	.974	\$ 198.42	\$ 40.91
HOSP INPATIENT TOTAL	9	50	4,957.80	99.16	.258	550.87	25.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	9	50	4,957.80	99.16	.258	550.87	25.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	139	2,979.04	21.43	.716	96.10	15.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	40.69	10.17	.021	40.69	.21
RADIOLOGY	1	1	36.13	36.13	.005	36.13	.19
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	134	2,902.22	21.66	.691	100.08	14.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,707
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

194 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE	COST PER	COST PER
					UNITS/DAYS		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	189	\$	7,936.84	\$ 41.99	.974	\$ 198.42	\$ 40.91
COMM HOSP INPATIENT TOTAL	9	50		4,957.80	99.16	.258	550.87	25.56
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	50		4,957.80	99.16	.258	550.87	25.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	139		2,979.04	21.43	.716	96.10	15.36
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	4		40.69	10.17	.021	40.69	.21
RADIOLOGY	1	1		36.13	36.13	.005	36.13	.19
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	134		2,902.22	21.66	.691	100.08	14.96
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	70	1,654	\$	157,677.34	\$ 95.33	8.526	\$ 2252.53	\$ 812.77
LEV A-INTERMEDIATE	1	44		4,270.08	97.05	.227	4270.08	22.01
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	70	1,610		153,407.26	95.28	8.299	2191.53	790.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	4	\$	57.39	\$ 14.35	.021	\$ 57.39	\$.30
PATHOLOGY	1	4		57.39	14.35	.021	57.39	.30
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	9	\$	592.98	\$ 65.89	.046	\$ 98.83	\$ 3.06
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	9		592.98	65.89	.046	98.83	3.06

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

----- MONTHLY AVERAGE -----

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	116	\$ 5,154.75	\$ 44.44	.598	\$ 245.46	\$ 26.57
DURABLE MED. EQUIP.	2	3	209.71	69.90	.015	104.86	1.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	50	200.13	4.00	.258	40.03	1.03
AMBULANCES/AIR TRANS	0	6CR	124.91CR	20.82	.031CR	.00	.64CR
OTHER TRANS	2	8	60.38	7.55	.041	30.19	.31
OTHER SERVICES	3	48	264.66	5.51	.247	88.22	1.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.031	22.93	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	42	4,505.76	107.28	.216	1501.92	23.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	15	170.35	11.36	.077	18.93	.88
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	89	278	\$ 23,768.51	\$ 85.50	1.433	\$ 267.06	\$ 122.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,709
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1	\$ 24.05	\$ 24.05	.000	\$ 24.05	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	1	\$	24.05	\$	24.05	.000	\$ 24.05	\$.00
PRESCRIPTION DRUGS	1	1		24.05		24.05	.000	24.05	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	1		24.05		24.05	.000	24.05	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,710
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,711
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$
MENTALLY ILL	0	0		.00		.00	.000	
DEVELOP. DISABLED	0	0		.00		.00	.000	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	
LEV B-REHAB MD	0	0		.00		.00	.000	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	
LEV B-REGULAR	0	0		.00		.00	.000	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$
ICF DDH	0	0		.00		.00	.000	
ICF DD	0	0		.00		.00	.000	
ICF DDN/DDCN	0	0		.00		.00	.000	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
INDEPENDENT FACILITY	0	0		.00		.00	.000	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00		.00	.000	
XO AND OTHERS	0	0		.00		.00	.000	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$
CLINIC	0	0		.00		.00	.000	
SURGICENTER	0	0		.00		.00	.000	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,712
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 14,713
01/17/03

667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	844	10,539	\$ 1,069,911.49	\$ 101.52	15.801	\$ 1267.67	\$ 1604.07
@PHYSICIANS SERVICES	231	1,353	\$ 70,465.15	\$ 52.08	2.028	\$ 305.04	\$ 105.64
OUTPATIENT VISITS	57	88	3,676.18	41.77	.132	64.49	5.51
OFFICE VISITS	38	58	2,004.26	34.56	.087	52.74	3.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	28	1,622.72	57.95	.042	70.55	2.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	49.20	24.60	.003	24.60	.07
INPATIENT VISITS	52	287	10,302.42	35.90	.430	198.12	15.45
HOSPITAL VISITS	50	274	9,243.61	33.74	.411	184.87	13.86
CRITICAL CARE	4	11	1,027.90	93.45	.016	256.98	1.54
SNF/ICF/TRANS IP CARE	2	2	30.91	15.46	.003	15.46	.05
OPHTHALMOLOGICAL SERVICES	2	2	83.59	41.80	.003	41.80	.13

EXAMINATIONS	2	2		83.59	41.80	.003	41.80	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	45		7,111.73	158.04	.067	323.26	10.66
PRINCIPAL SURGEON	17	20		6,306.33	315.32	.030	370.96	9.45
ASSISTANT SURGEON	1	1		160.09	160.09	.001	160.09	.24
ANESTHESIOLOGIST	4	24		645.31	26.89	.036	161.33	.97
OUTPATIENT SURGERY	18	50		4,902.64	98.05	.075	272.37	7.35
PRINCIPAL SURGEON	13	15		3,849.93	256.66	.022	296.15	5.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	35		1,052.71	30.08	.052	150.39	1.58
DIALYSIS	1	1		56.60	56.60	.001	56.60	.08
PATHOLOGY	28	86		1,142.96	13.29	.129	40.82	1.71
RADIOLOGY	60	155		9,175.20	59.19	.232	152.92	13.76
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	259		28,335.70	109.40	.388	2575.97	42.48
OTHER SERVICES/ALL X-OVERS	120	380		5,678.13	14.94	.570	47.32	8.51
@PHARMACY	560	4,590	\$	576,530.39	\$ 125.61	6.882	\$ 1029.52	\$ 864.36
PRESCRIPTION DRUGS	543	3,077		560,337.11	182.11	4.613	1031.93	840.09
SNF/ICF	9	38		3,249.72	85.52	.057	361.08	4.87
OUTPATIENTS	534	3,039		557,087.39	183.31	4.556	1043.23	835.21
MEDICAL SUPPLIES	40	1,513		16,193.28	10.70	2.268	404.83	24.28
@DENTIST	50	180	\$	10,391.32	\$ 57.73	.270	\$ 207.83	\$ 15.58
VISITS - DIAGNOSTIC	28	66		1,054.00	15.97	.099	37.64	1.58
ORAL SURGERY	7	44		1,215.00	27.61	.066	173.57	1.82
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	3		645.00	215.00	.004	322.50	.97
RESTORATIVE DENTISTRY	17	41		5,736.00	139.90	.061	337.41	8.60
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	21		894.32	42.59	.031	99.37	1.34
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		847.00	847.00	.001	847.00	1.27
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4		.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,714
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	7	20	\$	441.04	\$ 22.05	.030	\$ 63.01	\$.66
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.006	47.45	.28
EYE APPLIANCES	5	16		251.24	15.70	.024	50.25	.38
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.001	\$ 16.72	\$.03
VISITS	1	1		16.72	16.72	.001	16.72	.03
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	6	12	\$	289.98	\$ 24.17	.018	\$ 48.33	\$.43
MEDICINE/INJECTIONS	1	3		64.20	21.40	.004	64.20	.10
SURGERY/ANES.	2	4		35.00	8.75	.006	17.50	.05
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	4	5		190.78	38.16	.007	47.70	.29
@HOME HEALTH AGENCY	16	82	\$	5,476.98	\$ 66.79	.123	\$ 342.31	\$ 8.21
NURSE ANESTHESIST	2	31	\$	514.18	\$ 16.59	.046	\$ 257.09	\$.77

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	190	1,251	\$	301,784.25	\$	241.23	1.876	\$	1588.34	\$	452.45
HOSP INPATIENT TOTAL	41	257		279,901.85		1089.11	.385		6826.87		419.64
HSC HOSPITALS	4	12		13,743.00		1145.25	.018		3435.75		20.60
NON-HSC HOSPITAL TOTAL	23	111		257,155.88		2316.72	.166		11180.69		385.54
ACCOMMODATIONS	22	111		76,044.63		685.09	.166		3456.57		114.01
ADMINISTRATIVE DAYS	0	0		235.64CR		.00	.000		.00		.35CR
TRANSITIONAL IP CARE	0	0		151.02		.00	.000		.00		.23
ALL OTHER ACCOM	22	111		76,129.25		685.85	.166		3460.42		114.14
ANCILLARIES	23	0		181,111.25		.00	.000		7874.40		271.53
INPATIENT CROSSOVERS	14	134		9,002.97		67.19	.201		643.07		13.50
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	159	994		21,882.40		22.01	1.490		137.63		32.81
MEDICAL	37	64		2,428.40		37.94	.096		65.63		3.64
SURGERY	12	15		972.28		64.82	.022		81.02		1.46
PATHOLOGY	55	238		2,444.86		10.27	.357		44.45		3.67
RADIOLOGY	35	61		5,352.07		87.74	.091		152.92		8.02
ROOM USE	47	73		3,239.52		44.38	.109		68.93		4.86
CROSSOVERS/ALL OTH OUTPTNT	102	543		7,445.27		13.71	.814		72.99		11.16
@COUNTY HOSPITAL TOTAL	1	5	\$	5,326.00	\$	1065.20	.007	\$	5326.00	\$	7.99
CO HOSPITAL INPATIENT TOTAL	1	5		5,326.00		1065.20	.007		5326.00		7.99
HSC HOSPITALS	1	5		5,326.00		1065.20	.007		5326.00		7.99
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,715
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189	1,246	\$ 296,458.25	\$ 237.93	1.868	\$ 1568.56	\$ 444.47
COMM HOSP INPATIENT TOTAL	40	252	274,575.85	1089.59	.378	6864.40	411.66
HSC HOSPITALS	3	7	8,417.00	1202.43	.010	2805.67	12.62
NON-HSC HOSPITALS TOTAL	23	111	257,155.88	2316.72	.166	11180.69	385.54
ACCOMMODATIONS	22	111	76,044.63	685.09	.166	3456.57	114.01
ADMINISTRATIVE DAYS	0	0	235.64CR	.00	.000	.00	.35CR
TRANSITIONAL IP CARE	0	0	151.02	.00	.000	.00	.23
ALL OTHER ACCOM	22	111	76,129.25	685.85	.166	3460.42	114.14
ANCILLARIES	23	0	181,111.25	.00	.000	7874.40	271.53
INPATIENT CROSSOVERS	14	134	9,002.97	67.19	.201	643.07	13.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	159	994		21,882.40	22.01	1.490	137.63	32.81
MEDICAL	37	64		2,428.40	37.94	.096	65.63	3.64
SURGERY	12	15		972.28	64.82	.022	81.02	1.46
PATHOLOGY	55	238		2,444.86	10.27	.357	44.45	3.67
RADIOLOGY	35	61		5,352.07	87.74	.091	152.92	8.02
ROOM USE	47	73		3,239.52	44.38	.109	68.93	4.86
CROSSOVERS/ALL OTH OUTPTNT	102	543		7,445.27	13.71	.814	72.99	11.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	11	218	\$	29,331.45	\$ 134.55	.327	\$ 2666.50	\$ 43.98
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	158		16,273.94	103.00	.237	8136.97	24.40
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	60		13,057.51	217.63	.090	1450.83	19.58
@INTERMEDIATE CARE FACIL.-DD	1	61	\$	6,310.60	\$ 103.45	.091	\$ 6310.60	\$ 9.46
ICF DDH	1	61		6,310.60	103.45	.091	6310.60	9.46
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	15	\$	10,541.42	\$ 702.76	.022	\$ 702.76	\$ 15.80
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	15		10,541.42	702.76	.022	702.76	15.80
@REHABILITATION FACILITY	1	9	\$	163.29	\$ 18.14	.013	\$ 163.29	\$.24
HOSPITAL BASED	1	9		163.29	18.14	.013	163.29	.24
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	31	105	\$	2,003.35	\$ 19.08	.157	\$ 64.62	\$ 3.00
PATHOLOGY	31	105		2,003.35	19.08	.157	64.62	3.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	83	188	\$	13,308.43	\$ 70.79	.282	\$ 160.34	\$ 19.95
CLINIC	5	22		373.45	16.98	.033	74.69	.56
SURGICENTER	2	8		549.18	68.65	.012	274.59	.82
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	76	158		12,385.80	78.39	.237	162.97	18.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,716
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

667 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	66	2,423	\$ 42,342.94	\$ 17.48	3.633	\$ 641.56	\$ 63.48
DURABLE MED. EQUIP.	9	25	4,933.12	197.32	.037	548.12	7.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	1,568	5,685.37	3.63	2.351	258.43	8.52
AMBULANCES/AIR TRANS	14	192	2,491.96	12.98	.288	178.00	3.74
OTHER TRANS	6	1,352	2,988.06	2.21	2.027	498.01	4.48
OTHER SERVICES	2	24	205.35	8.56	.036	102.68	.31
ACUPUNCTURE	4	5	81.10	16.22	.007	20.28	.12
ADULT DAY HEALTH CARE CTR	1	21	1,397.34	66.54	.031	1397.34	2.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	38	515.14	13.56	.057	39.63	.77
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	510.88	170.29	.004	510.88	.77
PROSTHETICS	1	3	510.88	170.29	.004	510.88	.77
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	2,363.00	295.38	.012	787.67	3.54
HOSPICE SERVICES	6	198	25,804.14	130.32	.297	4300.69	38.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	557	1,052.85	1.89	.835	95.71	1.58
@CALIF. CHILDREN SERVICES*	5	12	\$ 3,270.04	\$ 272.50	.018	\$ 654.01	\$ 4.90
@XOVER EXCLUDING STATE HOSP**	156	1,580	\$ 48,904.85	\$ 30.95	2.369	\$ 313.49	\$ 73.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,717
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	601	3,755	\$ 1,037,040.46	\$ 276.18	8.835	\$ 1725.52	\$ 2440.10
@PHYSICIANS SERVICES	258	1,285	\$ 339,257.78	\$ 264.01	3.024	\$ 1314.95	\$ 798.25
OUTPATIENT VISITS	124	157	6,905.35	43.98	.369	55.69	16.25
OFFICE VISITS	59	71	2,403.93	33.86	.167	40.74	5.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	66	84	4,377.01	52.11	.198	66.32	10.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.002	60.48	.14

OTHER OUTPATIENT	1	1	63.93	63.93	.002	63.93	.15
INPATIENT VISITS	36	106	5,662.26	53.42	.249	157.29	13.32
HOSPITAL VISITS	31	86	4,174.99	48.55	.202	134.68	9.82
CRITICAL CARE	7	20	1,487.27	74.36	.047	212.47	3.50
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	70.99	23.66	.007	35.50	.17
EXAMINATIONS	2	3	70.99	23.66	.007	35.50	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	36	262	16,311.24	62.26	.616	453.09	38.38
PRINCIPAL SURGEON	20	33	11,072.80	335.54	.078	553.64	26.05
ASSISTANT SURGEON	3	3	468.20	156.07	.007	156.07	1.10
ANESTHESIOLOGIST	19	226	4,770.24	21.11	.532	251.07	11.22
OUTPATIENT SURGERY	33	91	7,906.86	86.89	.214	239.60	18.60
PRINCIPAL SURGEON	23	30	6,177.22	205.91	.071	268.57	14.53
ASSISTANT SURGEON	1	1	166.79	166.79	.002	166.79	.39
ANESTHESIOLOGIST	12	60	1,562.85	26.05	.141	130.24	3.68
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	32	806.00	25.19	.075	38.38	1.90
RADIOLOGY	74	176	8,677.28	49.30	.414	117.26	20.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	70	1,676.19	23.95	.165	279.37	3.94
OTHER SERVICES/ALL X-OVERS	59	388	291,241.61	750.62	.913	4936.30	685.27
@PHARMACY	133	547	\$ 243,949.09	\$ 445.98	1.287	\$ 1834.20	\$ 574.00
PRESCRIPTION DRUGS	127	332	22,371.63	67.38	.781	176.15	52.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	127	332	22,371.63	67.38	.781	176.15	52.64
MEDICAL SUPPLIES	12	215	221,577.46	1030.59	.506	18464.79	521.36
@DENTIST	69	260	\$ 9,343.00	\$ 35.93	.612	\$ 135.41	\$ 21.98
VISITS - DIAGNOSTIC	38	129	920.00	7.13	.304	24.21	2.16
ORAL SURGERY	6	14	1,351.00	96.50	.033	225.17	3.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.002	.00	.00
ENDODONTICS	11	20	2,007.00	100.35	.047	182.45	4.72
RESTORATIVE DENTISTRY	27	88	5,065.00	57.56	.207	187.59	11.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.002	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	.00	.00	.007	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.009	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,718
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37						

						----- MONTHLY AVERAGE -----			
425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	4	16	\$ 358.56	\$ 22.41	.038	\$ 89.64	\$.84		
DIAGNOSTIC AND ANC. PROCED	3	4	176.90	44.23	.009	58.97	.42		
EYE APPLIANCES	4	12	181.66	15.14	.028	45.42	.43		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4	\$ 275.36	\$ 68.84	.009	\$ 275.36	\$.65
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	244	1,144	\$ 425,370.25	\$ 371.83	2.692	\$ 1743.32	\$ 1000.87
HOSP INPATIENT TOTAL	47	149	397,902.18	2670.48	.351	8466.00	936.24
HSC HOSPITALS	5	12	15,639.00	1303.25	.028	3127.80	36.80
NON-HSC HOSPITAL TOTAL	42	137	382,263.18	2790.24	.322	9101.50	899.44
ACCOMMODATIONS	42	137	92,222.12	673.15	.322	2195.76	216.99
ADMINISTRATIVE DAYS	1	5	1,042.26	208.45	.012	1042.26	2.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	132	91,179.86	690.76	.311	2170.95	214.54
ANCILLARIES	42	0	290,041.06	.00	.000	6905.74	682.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	207	995	27,468.07	27.61	2.341	132.70	64.63
MEDICAL	66	94	3,096.61	32.94	.221	46.92	7.29
SURGERY	33	38	1,249.71	32.89	.089	37.87	2.94
PATHOLOGY	90	367	4,149.46	11.31	.864	46.11	9.76
RADIOLOGY	64	84	8,708.89	103.68	.198	136.08	20.49
ROOM USE	139	186	6,990.10	37.58	.438	50.29	16.45
CROSSOVERS/ALL OTH OUTPTNT	105	226	3,273.30	14.48	.532	31.17	7.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

	425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	244		1,144	\$ 425,370.25	\$ 371.83	2.692	\$ 1743.32	\$ 1000.87
COMM HOSP INPATIENT TOTAL	47		149	397,902.18	2670.48	.351	8466.00	936.24
HSC HOSPITALS	5		12	15,639.00	1303.25	.028	3127.80	36.80
NON-HSC HOSPITALS TOTAL	42		137	382,263.18	2790.24	.322	9101.50	899.44
ACCOMMODATIONS	42		137	92,222.12	673.15	.322	2195.76	216.99

ADMINISTRATIVE DAYS	1	5	1,042.26	208.45	.012	1042.26	2.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	132	91,179.86	690.76	.311	2170.95	214.54
ANCILLARIES	42	0	290,041.06	.00	.000	6905.74	682.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	207	995	27,468.07	27.61	2.341	132.70	64.63
MEDICAL	66	94	3,096.61	32.94	.221	46.92	7.29
SURGERY	33	38	1,249.71	32.89	.089	37.87	2.94
PATHOLOGY	90	367	4,149.46	11.31	.864	46.11	9.76
RADIOLOGY	64	84	8,708.89	103.68	.198	136.08	20.49
ROOM USE	139	186	6,990.10	37.58	.438	50.29	16.45
CROSSOVERS/ALL OTH OUTPTNT	105	226	3,273.30	14.48	.532	31.17	7.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	1	\$ 1,447.60	\$ 1447.60	.002	\$ 723.80	\$ 3.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	1	1,447.60	1447.60	.002	723.80	3.41
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	123	\$ 2,138.57	\$ 17.39	.289	\$ 76.38	\$ 5.03
PATHOLOGY	28	123	2,138.57	17.39	.289	76.38	5.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	51	113	\$ 10,829.52	\$ 95.84	.266	\$ 212.34	\$ 25.48
CLINIC	3	8	96.12	12.02	.019	32.04	.23
SURGICENTER	2	7	252.68	36.10	.016	126.34	.59
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	46	98	10,480.72	106.95	.231	227.84	24.66

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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425 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	262	\$ 4,070.73	\$ 15.54	.616	\$ 116.31	\$ 9.58
DURABLE MED. EQUIP.	1	1	26.00	26.00	.002	26.00	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	157	2,964.22	18.88	.369	141.15	6.97
AMBULANCES/AIR TRANS	21	157	2,964.22	18.88	.369	141.15	6.97
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.002	55.00	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	19	227.25	11.96	.045	32.46	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.19	48.06	.007	144.19	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	33	338.39	10.25	.078	84.60	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	48	315.68	6.58	.113	315.68	.74
@CALIF. CHILDREN SERVICES*	31	406	\$ 489,030.02	\$ 1204.51	.955	\$ 15775.16	\$ 1150.66
@XOVER EXCLUDING STATE HOSP**	3	4	\$ 1,756.56	\$ 439.14	.009	\$ 585.52	\$ 4.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,721
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

1,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,744	17,563	\$ 2,341,859.81	\$ 133.34	13.657	\$ 1342.81	\$ 1821.04
@PHYSICIANS SERVICES	522	2,718	\$ 410,863.30	\$ 151.16	2.114	\$ 787.09	\$ 319.49
OUTPATIENT VISITS	181	245	10,581.53	43.19	.191	58.46	8.23
OFFICE VISITS	97	129	4,408.19	34.17	.100	45.45	3.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	89	112	5,999.73	53.57	.087	67.41	4.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001	60.48	.05
OTHER OUTPATIENT	3	3	113.13	37.71	.002	37.71	.09
INPATIENT VISITS	90	401	16,534.68	41.23	.312	183.72	12.86
HOSPITAL VISITS	82	362	13,502.20	37.30	.281	164.66	10.50
CRITICAL CARE	13	37	3,001.57	81.12	.029	230.89	2.33
SNF/ICF/TRANS IP CARE	2	2	30.91	15.46	.002	15.46	.02
OPHTHALMOLOGICAL SERVICES	4	5	154.58	30.92	.004	38.65	.12
EXAMINATIONS	4	5	154.58	30.92	.004	38.65	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	58	307	23,422.97	76.30	.239	403.84	18.21
PRINCIPAL SURGEON	37	53	17,379.13	327.91	.041	469.71	13.51
ASSISTANT SURGEON	4	4	628.29	157.07	.003	157.07	.49
ANESTHESIOLOGIST	23	250	5,415.55	21.66	.194	235.46	4.21
OUTPATIENT SURGERY	51	141	12,809.50	90.85	.110	251.17	9.96
PRINCIPAL SURGEON	36	45	10,027.15	222.83	.035	278.53	7.80
ASSISTANT SURGEON	1	1	166.79	166.79	.001	166.79	.13
ANESTHESIOLOGIST	19	95	2,615.56	27.53	.074	137.66	2.03
DIALYSIS	1	1	56.60	56.60	.001	56.60	.04
PATHOLOGY	50	120	1,951.87	16.27	.093	39.04	1.52

RADIOLOGY	135	333		17,912.82	53.79	.259	132.69	13.93	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	17	329		30,011.89	91.22	.256	1765.41	23.34	
OTHER SERVICES/ALL X-OVERS	209	836		297,426.86	355.77	.650	1423.10	231.28	
@PHARMACY	867	6,158	\$	875,017.94	\$ 142.09	4.788	\$ 1009.25	\$ 680.42	
PRESCRIPTION DRUGS	837	4,260		636,506.58	149.41	3.313	760.46	494.95	
SNF/ICF	73	420		22,316.01	53.13	.327	305.70	17.35	
OUTPATIENTS	765	3,840		614,190.57	159.95	2.986	802.86	477.60	
MEDICAL SUPPLIES	65	1,898		238,511.36	125.66	1.476	3669.41	185.47	
@DENTIST	163	621	\$	27,361.32	\$ 44.06	.483	\$ 167.86	\$ 21.28	
VISITS - DIAGNOSTIC	95	290		2,853.00	9.84	.226	30.03	2.22	
ORAL SURGERY	24	74		2,884.00	38.97	.058	120.17	2.24	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		.00	.00	.001	.00	.00	
PERIODONTICS	2	3		110.00	36.67	.002	55.00	.09	
ENDODONTICS	14	24		2,652.00	110.50	.019	189.43	2.06	
RESTORATIVE DENTISTRY	56	170		12,641.00	74.36	.132	225.73	9.83	
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02	
DENTURES, STAYPLATES	18	45		5,344.32	118.76	.035	296.91	4.16	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1		847.00	847.00	.001	847.00	.66	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	3	3		.00	.00	.002	.00	.00	
ALL OTHER SERVICES	4	9		.00	.00	.007	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,722
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	1,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	45	\$	938.41	\$ 20.85	.035	\$ 58.65	\$.73
DIAGNOSTIC AND ANC. PROCED	7	8		366.70	45.84	.006	52.39	.29

EYE APPLIANCES	14	37		571.71	15.45	.029	40.84	.44
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	1	1		16.72	16.72	.001	16.72	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	11	18	\$	333.90	\$ 18.55	.014	\$ 30.35	\$.26
MEDICINE/INJECTIONS	1	3		64.20	21.40	.002	64.20	.05
SURGERY/ANES.	2	4		35.00	8.75	.003	17.50	.03
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	9	11		234.70	21.34	.009	26.08	.18
@HOME HEALTH AGENCY	17	86	\$	5,752.34	\$ 66.89	.067	\$ 338.37	\$ 4.47
NURSE ANESTHESIST	2	31	\$	514.18	\$ 16.59	.024	\$ 257.09	\$.40
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	474	2,584	\$	735,091.34	\$ 284.48	2.009	\$ 1550.83	\$ 571.61
HOSP INPATIENT TOTAL	97	456		682,761.83	1497.28	.355	7038.78	530.92
HSC HOSPITALS	9	24		29,382.00	1224.25	.019	3264.67	22.85
NON-HSC HOSPITAL TOTAL	65	248		639,419.06	2578.30	.193	9837.22	497.22
ACCOMMODATIONS	64	248		168,266.75	678.49	.193	2629.17	130.85
ADMINISTRATIVE DAYS	1	5		806.62	161.32	.004	806.62	.63
TRANSITIONAL IP CARE	0	0		151.02	.00	.000	.00	.12
ALL OTHER ACCOM	64	243		167,309.11	688.51	.189	2614.20	130.10
ANCILLARIES	65	0		471,152.31	.00	.000	7248.50	366.37
INPATIENT CROSSOVERS	23	184		13,960.77	75.87	.143	606.99	10.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	397	2,128		52,329.51	24.59	1.655	131.81	40.69
MEDICAL	103	158		5,525.01	34.97	.123	53.64	4.30
SURGERY	45	53		2,221.99	41.92	.041	49.38	1.73
PATHOLOGY	146	609		6,635.01	10.89	.474	45.45	5.16
RADIOLOGY	100	146		14,097.09	96.56	.114	140.97	10.96
ROOM USE	186	259		10,229.62	39.50	.201	55.00	7.95
CROSSOVERS/ALL OTH OUTPTNT	236	903		13,620.79	15.08	.702	57.72	10.59
@COUNTY HOSPITAL TOTAL	1	5	\$	5,326.00	\$ 1065.20	.004	\$ 5326.00	\$ 4.14
CO HOSPITAL INPATIENT TOTAL	1	5		5,326.00	1065.20	.004	5326.00	4.14
HSC HOSPITALS	1	5		5,326.00	1065.20	.004	5326.00	4.14
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,723
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

	1,286 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	473	2,579	\$	729,765.34	\$ 282.96	2.005	\$ 1542.84	\$ 567.47
COMM HOSP INPATIENT TOTAL	96	451		677,435.83	1502.08	.351	7056.62	526.78
HSC HOSPITALS	8	19		24,056.00	1266.11	.015	3007.00	18.71
NON-HSC HOSPITALS TOTAL	65	248		639,419.06	2578.30	.193	9837.22	497.22
ACCOMMODATIONS	64	248		168,266.75	678.49	.193	2629.17	130.85
ADMINISTRATIVE DAYS	1	5		806.62	161.32	.004	806.62	.63
TRANSITIONAL IP CARE	0	0		151.02	.00	.000	.00	.12
ALL OTHER ACCOM	64	243		167,309.11	688.51	.189	2614.20	130.10
ANCILLARIES	65	0		471,152.31	.00	.000	7248.50	366.37
INPATIENT CROSSOVERS	23	184		13,960.77	75.87	.143	606.99	10.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	397	2,128		52,329.51	24.59	1.655	131.81	40.69
MEDICAL	103	158		5,525.01	34.97	.123	53.64	4.30
SURGERY	45	53		2,221.99	41.92	.041	49.38	1.73
PATHOLOGY	146	609		6,635.01	10.89	.474	45.45	5.16
RADIOLOGY	100	146		14,097.09	96.56	.114	140.97	10.96
ROOM USE	186	259		10,229.62	39.50	.201	55.00	7.95
CROSSOVERS/ALL OTH OUTPTNT	236	903		13,620.79	15.08	.702	57.72	10.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	81	1,872	\$	187,008.79	\$ 99.90	1.456	\$ 2308.75	\$ 145.42
LEV A-INTERMEDIATE	1	44		4,270.08	97.05	.034	4270.08	3.32
LEV B-REHAB MD	2	158		16,273.94	103.00	.123	8136.97	12.65
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	79	1,670		166,464.77	99.68	1.299	2107.15	129.44
@INTERMEDIATE CARE FACIL.-DD	1	61	\$	6,310.60	\$ 103.45	.047	\$ 6310.60	\$ 4.91
ICF DDH	1	61		6,310.60	103.45	.047	6310.60	4.91
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	16	\$	11,989.02	\$ 749.31	.012	\$ 705.24	\$ 9.32
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	17	16		11,989.02	749.31	.012	705.24	9.32
@REHABILITATION FACILITY	1	9	\$	163.29	\$ 18.14	.007	\$ 163.29	\$.13
HOSPITAL BASED	1	9		163.29	18.14	.007	163.29	.13
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	60	232	\$	4,199.31	\$ 18.10	.180	\$ 69.99	\$ 3.27
PATHOLOGY	60	232		4,199.31	18.10	.180	69.99	3.27
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	140	310	\$	24,730.93	\$ 79.78	.241	\$ 176.65	\$ 19.23
CLINIC	8	30		469.57	15.65	.023	58.70	.37
SURGICENTER	4	15		801.86	53.46	.012	200.47	.62
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	128	265		23,459.50	88.53	.206	183.28	18.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,724
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

	1,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	122		2,801	\$ 51,568.42	\$ 18.41	2.178	\$ 422.69	\$ 40.10
DURABLE MED. EQUIP.	12		29	5,168.83	178.24	.023	430.74	4.02
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48	1,775	8,849.72	4.99	1.380	184.37	6.88
AMBULANCES/AIR TRANS	35	343	5,331.27	15.54	.267	152.32	4.15
OTHER TRANS	8	1,360	3,048.44	2.24	1.058	381.06	2.37
OTHER SERVICES	5	72	470.01	6.53	.056	94.00	.37
ACUPUNCTURE	4	5	81.10	16.22	.004	20.28	.06
ADULT DAY HEALTH CARE CTR	1	21	1,397.34	66.54	.016	1397.34	1.09
GENETIC DISEASE TESTING	1	1	55.00	55.00	.001	55.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	63	811.19	12.88	.049	35.27	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	510.88	170.29	.002	510.88	.40
PROSTHETICS	1	3	510.88	170.29	.002	510.88	.40
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	11	2,507.19	227.93	.009	626.80	1.95
HOSPICE SERVICES	9	240	30,309.90	126.29	.187	3367.77	23.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	33	338.39	10.25	.026	84.60	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	620	1,538.88	2.48	.482	73.28	1.20
@CALIF. CHILDREN SERVICES*	36	418	\$ 492,300.06	\$ 1177.75	.325	\$ 13675.00	\$ 382.81
@XOVER EXCLUDING STATE HOSP**	248	1,862	\$ 74,429.92	\$ 39.97	1.448	\$ 300.12	\$ 57.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,725
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

9,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,884	387,745	\$ 26,096,905.91	\$ 67.30	40.508	\$ 2937.52	\$ 2726.38
@PHYSICIANS SERVICES	686	1,389	\$ 17,632.88	\$ 12.69	.145	\$ 25.70	\$ 1.84
OUTPATIENT VISITS	1	1	.00	.00	.000	.00	.00
OFFICE VISITS	1	1	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	82.51	20.63	.000	41.26	.01
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	4	82.51	20.63	.000	41.26	.01
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	1	4	119.37	29.84	.000	119.37	.01
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	119.37	29.84	.000	119.37	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	682	1,379	17,431.00	12.64	.144	25.56	1.82
@PHARMACY	6,883	64,528	\$ 1,928,581.98	\$ 29.89	6.741	\$ 280.19	\$ 201.48
PRESCRIPTION DRUGS	6,864	40,126	1,901,822.70	47.40	4.192	277.07	198.69
SNF/ICF	6,589	38,476	1,847,313.67	48.01	4.020	280.36	192.99
OUTPATIENTS	377	1,650	54,509.03	33.04	.172	144.59	5.69
MEDICAL SUPPLIES	253	24,402	26,759.28	1.10	2.549	105.77	2.80
@DENTIST	362	811	\$ 35,003.44	\$ 43.16	.085	\$ 96.69	\$ 3.66
VISITS - DIAGNOSTIC	330	654	14,169.44	21.67	.068	42.94	1.48
ORAL SURGERY	21	56	3,172.00	56.64	.006	151.05	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	3	4	800.00	200.00	.000	266.67	.08
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.03
RESTORATIVE DENTISTRY	8	13	979.00	75.31	.001	122.38	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	41	79	15,473.00	195.86	.008	377.39	1.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	50.00	16.67	.000	25.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,726
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						

						AID CODE			
						----- MONTHLY AVERAGE -----			
9,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	90	256	\$ 4,450.57	\$ 17.39	.027	\$ 49.45	\$.46		
DIAGNOSTIC AND ANC. PROCED	13	13	616.85	47.45	.001	47.45	.06		
EYE APPLIANCES	80	225	3,769.49	16.75	.024	47.12	.39		
OTHER OPTOMETRIC SERVICES	7	18	64.23	3.57	.002	9.18	.01		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	828	1,948	\$ 8,564.22	\$ 4.40	.204	\$ 10.34	\$.89		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	828	1,948	8,564.22	4.40	.204	10.34	.89		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	277	1,280	\$ 88,590.87	\$ 69.21	.134	\$ 319.82	\$ 9.26		
HOSP INPATIENT TOTAL	81	621	76,215.46	122.73	.065	940.93	7.96		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		

NON-HSC HOSPITAL TOTAL	0	0	246.24CR	.00	.000	.00	.03CR
ACCOMMODATIONS	0	0	243.69CR	.00	.000	.00	.03CR
ADMINISTRATIVE DAYS	0	0	243.69CR	.00	.000	.00	.03CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	2.55CR	.00	.000	.00	.00
INPATIENT CROSSOVERS	81	621	76,461.70	123.13	.065	943.97	7.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	213	659	12,375.41	18.78	.069	58.10	1.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	66.37	66.37	.000	66.37	.01
PATHOLOGY	4	10	110.50	11.05	.001	27.63	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	245.09	61.27	.000	122.55	.03
CROSSOVERS/ALL OTH OUTPTNT	209	644	11,953.45	18.56	.067	57.19	1.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,727
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
9,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	277	1,280	\$ 88,590.87	\$ 69.21	.134	\$ 319.82	\$ 9.26
COMM HOSP INPATIENT TOTAL	81	621	76,215.46	122.73	.065	940.93	7.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	246.24CR	.00	.000	.00	.03CR
ACCOMMODATIONS	0	0	243.69CR	.00	.000	.00	.03CR
ADMINISTRATIVE DAYS	0	0	243.69CR	.00	.000	.00	.03CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	2.55CR	.00	.000	.00	.00
INPATIENT CROSSOVERS	81	621	76,461.70	123.13	.065	943.97	7.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	213	659	12,375.41	18.78	.069	58.10	1.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	66.37	66.37	.000	66.37	.01
PATHOLOGY	4	10	110.50	11.05	.001	27.63	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	245.09	61.27	.000	122.55	.03
CROSSOVERS/ALL OTH OUTPTNT	209	644	11,953.45	18.56	.067	57.19	1.25
@STATE HOSPITAL	36	1,093	\$ 471,802.47	\$ 431.66	.114	\$ 13105.62	\$ 49.29
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	36	1,093	471,802.47	431.66	.114	13105.62	49.29
@NURSING FACILITY	7,691	249,491	\$ 22,541,593.69	\$ 90.35	26.065	\$ 2930.91	\$ 2354.95
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12	720	72,166.30	100.23	.075	6013.86	7.54
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	298	124,150.58	416.61	.031	15518.82	12.97
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7,676	248,473	22,345,276.81	89.93	25.958	2911.06	2334.44
@INTERMEDIATE CARE FACIL.-DD	58	1,873	\$ 262,797.40	\$ 140.31	.196	\$ 4530.99	\$ 27.45
ICF DDH	49	1,571	213,485.75	135.89	.164	4356.85	22.30
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	9	302	49,311.65	163.28	.032	5479.07	5.15
@HEMODIALYSIS TOTAL	13	20	\$ 7,901.14	\$ 395.06	.002	\$ 607.78	\$.83
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	20	7,901.14	395.06	.002	607.78	.83
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	18	\$ 162.53	\$ 9.03	.002	\$ 16.25	\$.02
PATHOLOGY	4	10	105.51	10.55	.001	26.38	.01
XO AND OTHERS	6	8	57.02	7.13	.001	9.50	.01
@ORGANIZED OUTPATIENT CLINIC	139	201	\$ 5,608.98	\$ 27.91	.021	\$ 40.35	\$.59
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	3	437.77	145.92	.000	218.89	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	137	198	5,171.21	26.12	.021	37.75	.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,728
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

9,572 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,295	64,837	\$ 724,215.74	\$ 11.17	6.774	\$ 559.24	\$ 75.66
DURABLE MED. EQUIP.	184	1,143	171,448.20	150.00	.119	931.78	17.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35	4,657.02	133.06	.004	186.28	.49
MEDICAL TRANSPORTATION	565	12,893	64,112.02	4.97	1.347	113.47	6.70
AMBULANCES/AIR TRANS	29	285	3,956.70	13.88	.030	136.44	.41
OTHER TRANS	377	11,107	45,959.88	4.14	1.160	121.91	4.80
OTHER SERVICES	194	1,501	14,195.44	9.46	.157	73.17	1.48
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	12	143	9,535.52	66.68	.015	794.63	1.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	90	198	2,563.37	12.95	.021	28.48	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	26	41	64.26	1.57	.004	2.47	.01
PROSTHETIST/ORTHOTISTS	2	6	46.71	7.79	.001	23.36	.00
PROSTHETICS	2	6	46.71	7.79	.001	23.36	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	72	92	813.11	8.84	.010	11.29	.08
SPEECH AND AUDIOLOGY	63	166	7,509.18	45.24	.017	119.19	.78
HOSPICE SERVICES	175	4,915	444,472.93	90.43	.513	2539.85	46.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	171	45,204	18,966.39	.42	4.723	110.91	1.98
@CALIF. CHILDREN SERVICES*	1	1	\$ 245.16	\$ 245.16	.000	\$ 245.16	\$.03
@XOVER EXCLUDING STATE HOSP**	2,499	63,334	\$ 405,213.55	\$ 6.40	6.617	\$ 162.15	\$ 42.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 14,729
01/17/03

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	49	17,021	\$ 162,976.74	\$ 9.58	148.009	\$ 3326.06	\$ 1417.19
@PHYSICIANS SERVICES	1	8	\$ 24.80	\$ 3.10	.070	\$ 24.80	\$.22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	8		24.80	3.10	.070	24.80	.22
@PHARMACY	28	116	\$	5,186.81	\$ 44.71	1.009	\$ 185.24	\$ 45.10
PRESCRIPTION DRUGS	28	116		5,186.81	44.71	1.009	185.24	45.10
SNF/ICF	16	61		4,023.76	65.96	.530	251.49	34.99
OUTPATIENTS	12	55		1,163.05	21.15	.478	96.92	10.11
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	3	\$	53.00	\$ 17.67	.026	\$ 26.50	\$.46
VISITS - DIAGNOSTIC	2	3		53.00	17.67	.026	26.50	.46
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,730
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.026	\$ 42.85	\$.37
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.026	42.85	.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	10	\$ 32.85	\$ 3.29	.087	\$ 8.21	\$.29
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	10	32.85	3.29	.087	8.21	.29
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	16	\$	1,422.19	\$	88.89	.139	\$	203.17	\$	12.37
HOSP INPATIENT TOTAL	1	6		812.00		135.33	.052		812.00		7.06
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	6		812.00		135.33	.052		812.00		7.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	10		610.19		61.02	.087		101.70		5.31
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	10		610.19		61.02	.087		101.70		5.31
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,731
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	16	\$ 1,422.19	\$ 88.89	.139	\$ 203.17	\$ 12.37
COMM HOSP INPATIENT TOTAL	1	6	812.00	135.33	.052	812.00	7.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	812.00	135.33	.052	812.00	7.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	6	10		610.19		61.02	.087	101.70		5.31
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	10		610.19		61.02	.087	101.70		5.31
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	18	613	\$	57,021.78	\$	93.02	5.330	\$ 3167.88	\$	495.84
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	18	613		57,021.78		93.02	5.330	3167.88		495.84
@INTERMEDIATE CARE FACIL.-DD	12	344	\$	94,068.72	\$	273.46	2.991	\$ 7839.06	\$	817.99
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	12	344		94,068.72		273.46	2.991	7839.06		817.99
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$	174.20	\$	19.36	.078	\$ 24.89	\$	1.51
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9	174.20	19.36	.078	24.89	1.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,732
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	15,899	\$ 4,949.54	\$.31	138.252	\$ 235.69	\$ 43.04
DURABLE MED. EQUIP.	2	3	430.66	143.55	.026	215.33	3.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	18	120.40	6.69	.157	60.20	1.05
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	18	120.40	6.69	.157	60.20	1.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.017	21.99	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.99	38.99	.009	38.99	.34
SPEECH AND AUDIOLOGY	1	1	449.41	449.41	.009	449.41	3.91
HOSPICE SERVICES	1	1	107.28	107.28	.009	107.28	.93
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	68	705.64	10.38	.591	141.13	6.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	15,805	3,075.17	.19	137.435	279.56	26.74
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	19	1,434	\$ 2,176.60	\$ 1.52	12.470	\$ 114.56	\$ 18.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,733
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED	AID CODE

9,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10,257	766,401	\$ 114,896,853.51	\$ 149.92	81.187	\$ 11201.80	\$ 12171.28
@PHYSICIANS SERVICES	584	2,716	\$ 47,146.74	\$ 17.36	.288	\$ 80.73	\$ 4.99
OUTPATIENT VISITS	32	42	2,111.92	50.28	.004	66.00	.22
OFFICE VISITS	25	30	1,229.50	40.98	.003	49.18	.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	11	836.66	76.06	.001	119.52	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		45.76	45.76	.000	45.76	.00
INPATIENT VISITS	73	628		20,868.76	33.23	.067	285.87	2.21
HOSPITAL VISITS	13	60		2,727.35	45.46	.006	209.80	.29
CRITICAL CARE	4	10		1,016.98	101.70	.001	254.25	.11
SNF/ICF/TRANS IP CARE	61	558		17,124.43	30.69	.059	280.73	1.81
OPHTHALMOLOGICAL SERVICES	8	9		362.34	40.26	.001	45.29	.04
EXAMINATIONS	8	9		362.34	40.26	.001	45.29	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	20		3,023.65	151.18	.002	1007.88	.32
PRINCIPAL SURGEON	2	3		2,108.70	702.90	.000	1054.35	.22
ASSISTANT SURGEON	1	1		387.19	387.19	.000	387.19	.04
ANESTHESIOLOGIST	2	16		527.76	32.99	.002	263.88	.06
OUTPATIENT SURGERY	46	203		6,589.96	32.46	.022	143.26	.70
PRINCIPAL SURGEON	6	9		1,340.94	148.99	.001	223.49	.14
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	40	194		5,249.02	27.06	.021	131.23	.56
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	15	88		218.10	2.48	.009	14.54	.02
RADIOLOGY	25	58		1,942.86	33.50	.006	77.71	.21
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	442	1,667		12,015.39	7.21	.177	27.18	1.27
@PHARMACY	2,016	44,188	\$	1,034,441.72	\$ 23.41	4.681	\$ 513.12	\$ 109.58
PRESCRIPTION DRUGS	2,012	12,982		1,012,301.08	77.98	1.375	503.13	107.24
SNF/ICF	1,333	9,355		797,000.07	85.20	.991	597.90	84.43
OUTPATIENTS	773	3,627		215,301.01	59.36	.384	278.53	22.81
MEDICAL SUPPLIES	157	31,206		22,140.64	.71	3.306	141.02	2.35
@DENTIST	264	1,339	\$	49,150.75	\$ 36.71	.142	\$ 186.18	\$ 5.21
VISITS - DIAGNOSTIC	223	962		13,613.75	14.15	.102	61.05	1.44
ORAL SURGERY	43	96		4,069.00	42.39	.010	94.63	.43
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	56	107		18,500.00	172.90	.011	330.36	1.96
ENDODONTICS	10	16		3,115.00	194.69	.002	311.50	.33
RESTORATIVE DENTISTRY	52	112		5,929.00	52.94	.012	114.02	.63
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	45		3,924.00	87.20	.005	356.73	.42
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,734
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED							
				AID CODE				
				----- MONTHLY AVERAGE -----				
9,440 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	144	414	\$ 7,017.49	\$ 16.95	.044	\$ 48.73	\$.74	
DIAGNOSTIC AND ANC. PROCED	28	28	1,303.74	46.56	.003	46.56	.14	
EYE APPLIANCES	135	379	5,695.36	15.03	.040	42.19	.60	
OTHER OPTOMETRIC SERVICES	3	7	18.39	2.63	.001	6.13	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	145	303	\$ 1,777.95	\$ 5.87	.032	\$ 12.26	\$.19	

MEDICINE/INJECTIONS	2	2		72.40	36.20	.000	36.20	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	143	301		1,705.55	5.67	.032	11.93	.18
@HOME HEALTH AGENCY	1	1	\$	74.86	\$ 74.86	.000	\$ 74.86	\$.01
NURSE ANESTHESIST	1	29	\$	56.03	\$ 1.93	.003	\$ 56.03	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$	64.51	\$ 16.13	.000	\$ 21.50	\$.01
@TOTAL HOSPITAL	574	2,113	\$	214,367.60	\$ 101.45	.224	\$ 373.46	\$ 22.71
HOSP INPATIENT TOTAL	58	593		165,946.40	279.84	.063	2861.14	17.58
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	64		105,865.74	1654.15	.007	11762.86	11.21
ACCOMMODATIONS	9	64		41,606.91	650.11	.007	4622.99	4.41
ADMINISTRATIVE DAYS	1	13		2,705.31	208.10	.001	2705.31	.29
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	51		38,901.60	762.78	.005	4862.70	4.12
ANCILLARIES	9	0		64,258.83	.00	.000	7139.87	6.81
INPATIENT CROSSOVERS	49	529		60,080.66	113.57	.056	1226.14	6.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	530	1,520		48,421.20	31.86	.161	91.36	5.13
MEDICAL	25	31		1,005.12	32.42	.003	40.20	.11
SURGERY	51	51		3,248.66	63.70	.005	63.70	.34
PATHOLOGY	53	136		1,459.38	10.73	.014	27.54	.15
RADIOLOGY	13	15		1,635.60	109.04	.002	125.82	.17
ROOM USE	71	184		10,839.73	58.91	.019	152.67	1.15
CROSSOVERS/ALL OTH OUTPTNT	474	1,103		30,232.71	27.41	.117	63.78	3.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

	9,440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	574	2,113	\$	214,367.60	\$ 101.45	.224	\$ 373.46	\$ 22.71
COMM HOSP INPATIENT TOTAL	58	593		165,946.40	279.84	.063	2861.14	17.58
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	64		105,865.74	1654.15	.007	11762.86	11.21
ACCOMMODATIONS	9	64		41,606.91	650.11	.007	4622.99	4.41

ADMINISTRATIVE DAYS	1	13		2,705.31	208.10	.001	2705.31	.29
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	51		38,901.60	762.78	.005	4862.70	4.12
ANCILLARIES	9	0		64,258.83	.00	.000	7139.87	6.81
INPATIENT CROSSOVERS	49	529		60,080.66	113.57	.056	1226.14	6.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	530	1,520		48,421.20	31.86	.161	91.36	5.13
MEDICAL	25	31		1,005.12	32.42	.003	40.20	.11
SURGERY	51	51		3,248.66	63.70	.005	63.70	.34
PATHOLOGY	53	136		1,459.38	10.73	.014	27.54	.15
RADIOLOGY	13	15		1,635.60	109.04	.002	125.82	.17
ROOM USE	71	184		10,839.73	58.91	.019	152.67	1.15
CROSSOVERS/ALL OTH OUTPTNT	474	1,103		30,232.71	27.41	.117	63.78	3.20
@STATE HOSPITAL	7,840	246,552	\$	105,628,702.64	\$ 428.42	26.118	\$ 13473.05	\$ 11189.48
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7,840	246,552		105,628,702.64	428.42	26.118	13473.05	11189.48
@NURSING FACILITY	963	31,470	\$	3,535,918.99	\$ 112.36	3.334	\$ 3671.77	\$ 374.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	254	9,542		971,224.40	101.78	1.011	3823.72	102.88
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	28	991		487,237.02	491.66	.105	17401.32	51.61
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	682	20,937		2,077,457.57	99.22	2.218	3046.13	220.07
@INTERMEDIATE CARE FACIL.-DD	911	28,709	\$	3,902,765.41	\$ 135.94	3.041	\$ 4284.05	\$ 413.43
ICF DDH	726	22,882		2,947,761.08	128.82	2.424	4060.28	312.26
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	186	5,827		955,004.33	163.89	.617	5134.43	101.17
@HEMODIALYSIS TOTAL	20	21	\$	13,391.08	\$ 637.67	.002	\$ 669.55	\$ 1.42
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	20	21		13,391.08	637.67	.002	669.55	1.42
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	97	261	\$	3,075.02	\$ 11.78	.028	\$ 31.70	\$.33
PATHOLOGY	89	235		2,881.82	12.26	.025	32.38	.31
XO AND OTHERS	8	26		193.20	7.43	.003	24.15	.02
@ORGANIZED OUTPATIENT CLINIC	46	61	\$	3,337.88	\$ 54.72	.006	\$ 72.56	\$.35
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		206.50	206.50	.000	206.50	.02
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	45	60		3,131.38	52.19	.006	69.59	.33

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 14,736 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
9,440 ELIGIBLES							
@ALL OTHER PROVIDERS	1,685	408,220	\$ 455,564.84	\$ 1.12	43.244	\$ 270.36	\$ 48.26
DURABLE MED. EQUIP.	188	1,031	210,018.57	203.70	.109	1117.12	22.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	12	1,728.81	144.07	.001	172.88	.18
MEDICAL TRANSPORTATION	189	6,383	34,357.82	5.38	.676	181.79	3.64
AMBULANCES/AIR TRANS	13	130	2,517.33	19.36	.014	193.64	.27
OTHER TRANS	82	5,346	24,620.88	4.61	.566	300.25	2.61
OTHER SERVICES	101	907	7,219.61	7.96	.096	71.48	.76
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	143	296	3,321.83	11.22	.031	23.23	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	10	149.26	14.93	.001	29.85	.02
PROSTHETIST/ORTHOTISTS	9	19	432.11	22.74	.002	48.01	.05
PROSTHETICS	9	19	432.11	22.74	.002	48.01	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	9	14	187.82	13.42	.001	20.87	.02
SPEECH AND AUDIOLOGY	280	947	41,082.45	43.38	.100	146.72	4.35
HOSPICE SERVICES	18	433	41,177.30	95.10	.046	2287.63	4.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	966	399,075	123,108.87	.31	42.275	127.44	13.04
@CALIF. CHILDREN SERVICES*	1	1	\$ 64.00	\$ 64.00	.000	\$ 64.00	\$.01
@XOVER EXCLUDING STATE HOSP**	1,942	401,792	\$ 280,006.17	\$.70	42.563	\$ 144.18	\$ 29.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,737
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN ----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 14,738
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,739
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES	DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
SONOMA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 14,740
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,741
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

19,127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,190	1,171,167	\$ 141,156,736.16	\$ 120.53	61.231	\$ 7355.74	\$ 7379.97
@PHYSICIANS SERVICES	1,271	4,113	\$ 64,804.42	\$ 15.76	.215	\$ 50.99	\$ 3.39
OUTPATIENT VISITS	33	43	2,111.92	49.11	.002	64.00	.11
OFFICE VISITS	26	31	1,229.50	39.66	.002	47.29	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	11	836.66	76.06	.001	119.52	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.00
INPATIENT VISITS	75	632	20,951.27	33.15	.033	279.35	1.10
HOSPITAL VISITS	13	60	2,727.35	45.46	.003	209.80	.14
CRITICAL CARE	4	10	1,016.98	101.70	.001	254.25	.05
SNF/ICF/TRANS IP CARE	63	562	17,206.94	30.62	.029	273.13	.90
OPHTHALMOLOGICAL SERVICES	8	9	362.34	40.26	.000	45.29	.02
EXAMINATIONS	8	9	362.34	40.26	.000	45.29	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	20	3,023.65	151.18	.001	1007.88	.16
PRINCIPAL SURGEON	2	3	2,108.70	702.90	.000	1054.35	.11
ASSISTANT SURGEON	1	1	387.19	387.19	.000	387.19	.02
ANESTHESIOLOGIST	2	16	527.76	32.99	.001	263.88	.03

OUTPATIENT SURGERY	47	207		6,709.33		32.41	.011	142.75	.35
PRINCIPAL SURGEON	6	9		1,340.94		148.99	.000	223.49	.07
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	41	198		5,368.39		27.11	.010	130.94	.28
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	15	88		218.10		2.48	.005	14.54	.01
RADIOLOGY	26	59		1,942.86		32.93	.003	74.73	.10
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	1,125	3,054		29,471.19		9.65	.160	26.20	1.54
@PHARMACY	8,927	108,832	\$	2,968,210.51	\$	27.27	5.690	\$ 332.50	\$ 155.18
PRESCRIPTION DRUGS	8,904	53,224		2,919,310.59		54.85	2.783	327.87	152.63
SNF/ICF	7,938	47,892		2,648,337.50		55.30	2.504	333.63	138.46
OUTPATIENTS	1,162	5,332		270,973.09		50.82	.279	233.20	14.17
MEDICAL SUPPLIES	410	55,608		48,899.92		.88	2.907	119.27	2.56
@DENTIST	628	2,153	\$	84,207.19	\$	39.11	.113	\$ 134.09	\$ 4.40
VISITS - DIAGNOSTIC	555	1,619		27,836.19		17.19	.085	50.16	1.46
ORAL SURGERY	64	152		7,241.00		47.64	.008	113.14	.38
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00	.01
PERIODONTICS	59	111		19,300.00		173.87	.006	327.12	1.01
ENDODONTICS	11	17		3,375.00		198.53	.001	306.82	.18
RESTORATIVE DENTISTRY	60	125		6,908.00		55.26	.007	115.13	.36
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	52	124		19,397.00		156.43	.006	373.02	1.01
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	4		50.00		12.50	.000	16.67	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								

SONOMA COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

19,127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	235	673	\$ 11,510.91	\$ 17.10	.035	\$ 48.98	\$.60
DIAGNOSTIC AND ANC. PROCED	41	41	1,920.59	46.84	.002	46.84	.10
EYE APPLIANCES	216	607	9,507.70	15.66	.032	44.02	.50
OTHER OPTOMETRIC SERVICES	10	25	82.62	3.30	.001	8.26	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	977	2,261	\$ 10,375.02	\$ 4.59	.118	\$ 10.62	\$.54
MEDICINE/INJECTIONS	2	2	72.40	36.20	.000	36.20	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	975	2,259	10,302.62	4.56	.118	10.57	.54
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$.00
NURSE ANESTHESIST	1	29	\$ 56.03	\$ 1.93	.002	\$ 56.03	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$ 64.51	\$ 16.13	.000	\$ 21.50	\$.00
@TOTAL HOSPITAL	858	3,409	\$ 304,380.66	\$ 89.29	.178	\$ 354.76	\$ 15.91
HOSP INPATIENT TOTAL	140	1,220	242,973.86	199.16	.064	1735.53	12.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	64	105,619.50	1650.30	.003	11735.50	5.52
ACCOMMODATIONS	9	64	41,363.22	646.30	.003	4595.91	2.16
ADMINISTRATIVE DAYS	1	13	2,461.62	189.36	.001	2461.62	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	51	38,901.60	762.78	.003	4862.70	2.03
ANCILLARIES	9	0	64,256.28	.00	.000	7139.59	3.36
INPATIENT CROSSOVERS	131	1,156	137,354.36	118.82	.060	1048.51	7.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	749	2,189	61,406.80	28.05	.114	81.99	3.21
MEDICAL	25	31	1,005.12	32.42	.002	40.20	.05
SURGERY	52	52	3,315.03	63.75	.003	63.75	.17
PATHOLOGY	57	146	1,569.88	10.75	.008	27.54	.08
RADIOLOGY	13	15	1,635.60	109.04	.001	125.82	.09
ROOM USE	73	188	11,084.82	58.96	.010	151.85	.58
CROSSOVERS/ALL OTH OUTPTNT	689	1,757	42,796.35	24.36	.092	62.11	2.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

19,127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	858	3,409	\$ 304,380.66	\$ 89.29	.178	\$ 354.76	\$ 15.91
COMM HOSP INPATIENT TOTAL	140	1,220	242,973.86	199.16	.064	1735.53	12.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	64	105,619.50	1650.30	.003	11735.50	5.52
ACCOMMODATIONS	9	64	41,363.22	646.30	.003	4595.91	2.16
ADMINISTRATIVE DAYS	1	13	2,461.62	189.36	.001	2461.62	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	51	38,901.60	762.78	.003	4862.70	2.03
ANCILLARIES	9	0	64,256.28	.00	.000	7139.59	3.36
INPATIENT CROSSEOVERS	131	1,156	137,354.36	118.82	.060	1048.51	7.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	749	2,189	61,406.80	28.05	.114	81.99	3.21
MEDICAL	25	31	1,005.12	32.42	.002	40.20	.05
SURGERY	52	52	3,315.03	63.75	.003	63.75	.17
PATHOLOGY	57	146	1,569.88	10.75	.008	27.54	.08
RADIOLOGY	13	15	1,635.60	109.04	.001	125.82	.09
ROOM USE	73	188	11,084.82	58.96	.010	151.85	.58
CROSSEOVERS/ALL OTH OUTPTNT	689	1,757	42,796.35	24.36	.092	62.11	2.24
@STATE HOSPITAL	7,876	247,645	\$ 106,100,505.11	\$ 428.44	12.947	\$ 13471.37	\$ 5547.16
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7,876	247,645	106,100,505.11	428.44	12.947	13471.37	5547.16
@NURSING FACILITY	8,672	281,574	\$ 26,134,534.46	\$ 92.82	14.721	\$ 3013.67	\$ 1366.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	266	10,262	1,043,390.70	101.68	.537	3922.52	54.55
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	36	1,289	611,387.60	474.31	.067	16982.99	31.96
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8,376	270,023	24,479,756.16	90.66	14.117	2922.61	1279.85
@INTERMEDIATE CARE FACIL.-DD	981	30,926	\$ 4,259,631.53	\$ 137.74	1.617	\$ 4342.13	\$ 222.70
ICF DDH	775	24,453	3,161,246.83	129.28	1.278	4079.03	165.28
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	207	6,473	1,098,384.70	169.69	.338	5306.21	57.43
@HEMODIALYSIS TOTAL	33	41	\$ 21,292.22	\$ 519.32	.002	\$ 645.22	\$ 1.11
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	41	21,292.22	519.32	.002	645.22	1.11
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	107	279	\$ 3,237.55	\$ 11.60	.015	\$ 30.26	\$.17
PATHOLOGY	93	245	2,987.33	12.19	.013	32.12	.16
XO AND OTHERS	14	34	250.22	7.36	.002	17.87	.01
@ORGANIZED OUTPATIENT CLINIC	192	271	\$ 9,121.06	\$ 33.66	.014	\$ 47.51	\$.48
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	4	644.27	161.07	.000	214.76	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	189	267	8,476.79	31.75	.014	44.85	.44

						----- MONTHLY AVERAGE -----		
19,127 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,001	488,956	\$ 1,184,730.12	\$ 2.42	25.564	\$ 394.78	\$ 61.94	
DURABLE MED. EQUIP.	374	2,177	381,897.43	175.42	.114	1021.12	19.97	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	35	47	6,385.83	135.87	.002	182.45	.33	
MEDICAL TRANSPORTATION	756	19,294	98,590.24	5.11	1.009	130.41	5.15	
AMBULANCES/AIR TRANS	42	415	6,474.03	15.60	.022	154.14	.34	
OTHER TRANS	459	16,453	70,580.76	4.29	.860	153.77	3.69	
OTHER SERVICES	297	2,426	21,535.45	8.88	.127	72.51	1.13	
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00	
ADULT DAY HEALTH CARE CTR	12	143	9,535.52	66.68	.007	794.63	.50	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	234	496	5,907.19	11.91	.026	25.24	.31	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	31	51	213.52	4.19	.003	6.89	.01	
PROSTHETIST/ORTHOTISTS	11	25	478.82	19.15	.001	43.53	.03	
PROSTHETICS	11	25	478.82	19.15	.001	43.53	.03	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	82	107	1,039.92	9.72	.006	12.68	.05	
SPEECH AND AUDIOLOGY	344	1,114	49,041.04	44.02	.058	142.56	2.56	
HOSPICE SERVICES	194	5,349	485,757.51	90.81	.280	2503.90	25.40	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5	68	705.64	10.38	.004	141.13	.04	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,148	460,084	145,150.43	.32	24.054	126.44	7.59	
@CALIF. CHILDREN SERVICES*	2	2	\$ 309.16	\$ 154.58	.000	\$ 154.58	\$.02	
@XOVER EXCLUDING STATE HOSP**	4,460	466,560	\$ 687,396.32	\$ 1.47	24.393	\$ 154.12	\$ 35.94	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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						----- MONTHLY AVERAGE -----		
22,684 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	17,841	530,202	\$ 30,790,939.10	\$ 58.07	23.373	\$ 1725.85	\$ 1357.39	
@PHYSICIANS SERVICES	2,330	10,591	\$ 221,508.53	\$ 20.91	.467	\$ 95.07	\$ 9.76	
OUTPATIENT VISITS	308	445	21,206.95	47.66	.020	68.85	.93	
OFFICE VISITS	221	314	12,578.68	40.06	.014	56.92	.55	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	104	128	8,553.55	66.82	.006	82.25	.38	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	3	3	74.72	24.91	.000	24.91	.00	
INPATIENT VISITS	85	348	16,885.27	48.52	.015	198.65	.74	
HOSPITAL VISITS	71	283	11,926.32	42.14	.012	167.98	.53	
CRITICAL CARE	11	42	4,143.90	98.66	.002	376.72	.18	
SNF/ICF/TRANS IP CARE	17	23	815.05	35.44	.001	47.94	.04	
OPHTHALMOLOGICAL SERVICES	43	54	2,465.16	45.65	.002	57.33	.11	

EXAMINATIONS	43	54	2,465.16	45.65	.002	57.33	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	254	18,433.34	72.57	.011	400.72	.81
PRINCIPAL SURGEON	31	46	13,250.36	288.05	.002	427.43	.58
ASSISTANT SURGEON	6	6	1,082.84	180.47	.000	180.47	.05
ANESTHESIOLOGIST	19	202	4,100.14	20.30	.009	215.80	.18
OUTPATIENT SURGERY	90	298	38,696.41	129.85	.013	429.96	1.71
PRINCIPAL SURGEON	73	87	34,225.32	393.39	.004	468.84	1.51
ASSISTANT SURGEON	4	4	370.45	92.61	.000	92.61	.02
ANESTHESIOLOGIST	32	207	4,100.64	19.81	.009	128.15	.18
DIALYSIS	8	13	2,022.17	155.55	.001	252.77	.09
PATHOLOGY	60	115	2,210.76	19.22	.005	36.85	.10
RADIOLOGY	260	625	28,971.03	46.35	.028	111.43	1.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	74	9,166.68	123.87	.003	763.89	.40
OTHER SERVICES/ALL X-OVERS	1,812	8,365	81,450.76	9.74	.369	44.95	3.59
@PHARMACY	14,230	126,535	\$ 3,565,244.66	\$ 28.18	5.578	\$ 250.54	\$ 157.17
PRESCRIPTION DRUGS	14,090	67,882	3,482,437.90	51.30	2.993	247.16	153.52
SNF/ICF	6,900	40,245	1,930,166.33	47.96	1.774	279.73	85.09
OUTPATIENTS	7,313	27,637	1,552,271.57	56.17	1.218	212.26	68.43
MEDICAL SUPPLIES	849	58,653	82,806.76	1.41	2.586	97.53	3.65
@DENTIST	846	2,657	\$ 134,378.52	\$ 50.58	.117	\$ 158.84	\$ 5.92
VISITS - DIAGNOSTIC	637	1,718	28,829.51	16.78	.076	45.26	1.27
ORAL SURGERY	103	310	16,785.83	54.15	.014	162.97	.74
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	4	4	300.00	75.00	.000	75.00	.01
PERIODONTICS	26	30	3,775.00	125.83	.001	145.19	.17
ENDODONTICS	13	13	2,546.00	195.85	.001	195.85	.11
RESTORATIVE DENTISTRY	117	261	26,285.00	100.71	.012	224.66	1.16
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	136	313	55,687.18	177.91	.014	409.46	2.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	50.00	12.50	.000	16.67	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					----- MONTHLY AVERAGE -----			
22,684 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	249	727	\$ 13,769.93	\$ 18.94	.032	\$ 55.30	\$.61	
DIAGNOSTIC AND ANC. PROCED	49	50	2,270.28	45.41	.002	46.33	.10	
EYE APPLIANCES	210	598	9,882.34	16.53	.026	47.06	.44	
OTHER OPTOMETRIC SERVICES	39	79	1,617.31	20.47	.003	41.47	.07	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	953	2,142	\$ 10,753.59	\$ 5.02	.094	\$ 11.28	\$.47	
MEDICINE/INJECTIONS	8	8	277.70	34.71	.000	34.71	.01	
SURGERY/ANES.	6	17	385.79	22.69	.001	64.30	.02	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	942	2,117	10,090.10	4.77	.093	10.71	.44	
@HOME HEALTH AGENCY	11	89	\$ 6,263.88	\$ 70.38	.004	\$ 569.44	\$.28	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,623	8,055	\$	1,308,403.82	\$	162.43	.355	\$	806.16	\$	57.68
HOSP INPATIENT TOTAL	275	1,997		1,159,197.64		580.47	.088		4215.26		51.10
HSC HOSPITALS	3	13		20,605.00		1585.00	.001		6868.33		.91
NON-HSC HOSPITAL TOTAL	64	383		961,005.05		2509.15	.017		15015.70		42.36
ACCOMMODATIONS	64	383		237,190.44		619.30	.017		3706.10		10.46
ADMINISTRATIVE DAYS	4	37		8,285.54		223.93	.002		2071.39		.37
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	62	346		228,904.90		661.57	.015		3692.01		10.09
ANCILLARIES	64	0		723,814.61		.00	.000		11309.60		31.91
INPATIENT CROSSOVERS	208	1,601		177,587.59		110.92	.071		853.79		7.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,421	6,058		149,206.18		24.63	.267		105.00		6.58
MEDICAL	228	358		12,219.02		34.13	.016		53.59		.54
SURGERY	37	44		3,917.10		89.03	.002		105.87		.17
PATHOLOGY	283	1,065		12,845.35		12.06	.047		45.39		.57
RADIOLOGY	189	279		20,518.24		73.54	.012		108.56		.90
ROOM USE	258	381		16,013.00		42.03	.017		62.07		.71
CROSSOVERS/ALL OTH OUTPTNT	1,054	3,931		83,693.47		21.29	.173		79.41		3.69
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	22,684 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,623	8,055	\$	1,308,403.82	\$ 162.43	.355	\$ 806.16	\$ 57.68
COMM HOSP INPATIENT TOTAL	275	1,997		1,159,197.64	580.47	.088	4215.26	51.10
HSC HOSPITALS	3	13		20,605.00	1585.00	.001	6868.33	.91
NON-HSC HOSPITALS TOTAL	64	383		961,005.05	2509.15	.017	15015.70	42.36
ACCOMMODATIONS	64	383		237,190.44	619.30	.017	3706.10	10.46
ADMINISTRATIVE DAYS	4	37		8,285.54	223.93	.002	2071.39	.37
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	346		228,904.90	661.57	.015	3692.01	10.09
ANCILLARIES	64	0		723,814.61	.00	.000	11309.60	31.91
INPATIENT CROSSEOVERS	208	1,601		177,587.59	110.92	.071	853.79	7.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,421	6,058		149,206.18	24.63	.267	105.00	6.58
MEDICAL	228	358		12,219.02	34.13	.016	53.59	.54
SURGERY	37	44		3,917.10	89.03	.002	105.87	.17
PATHOLOGY	283	1,065		12,845.35	12.06	.047	45.39	.57
RADIOLOGY	189	279		20,518.24	73.54	.012	108.56	.90
ROOM USE	258	381		16,013.00	42.03	.017	62.07	.71
CROSSEOVERS/ALL OTH OUTPTNT	1,054	3,931		83,693.47	21.29	.173	79.41	3.69
@STATE HOSPITAL	36	1,093	\$	471,802.47	\$ 431.66	.048	\$ 13105.62	\$ 20.80
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	36	1,093		471,802.47	431.66	.048	13105.62	20.80
@NURSING FACILITY	8,044	257,181	\$	23,491,314.41	\$ 91.34	11.338	\$ 2920.35	\$ 1035.59
LEV A-INTERMEDIATE	1	44		4,270.08	97.05	.002	4270.08	.19
LEV B-REHAB MD	12	720		72,166.30	100.23	.032	6013.86	3.18
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	298		124,150.58	416.61	.013	15518.82	5.47
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8,029	256,119		23,290,727.45	90.94	11.291	2900.83	1026.75
@INTERMEDIATE CARE FACIL.-DD	58	1,873	\$	262,797.40	\$ 140.31	.083	\$ 4530.99	\$ 11.59
ICF DDH	49	1,571		213,485.75	135.89	.069	4356.85	9.41
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	9	302		49,311.65	163.28	.013	5479.07	2.17
@HEMODIALYSIS TOTAL	67	256	\$	46,890.12	\$ 183.16	.011	\$ 699.85	\$ 2.07
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	67	256		46,890.12	183.16	.011	699.85	2.07
@REHABILITATION FACILITY	1	1	\$	29.06	\$ 29.06	.000	\$ 29.06	\$.00
HOSPITAL BASED	1	1		29.06	29.06	.000	29.06	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	220	969	\$	9,914.63	\$ 10.23	.043	\$ 45.07	\$.44
PATHOLOGY	213	960		9,845.83	10.26	.042	46.22	.43
XO AND OTHERS	7	9		68.80	7.64	.000	9.83	.00
@ORGANIZED OUTPATIENT CLINIC	1,101	1,786	\$	119,902.45	\$ 67.13	.079	\$ 108.90	\$ 5.29
CLINIC	3	12		230.24	19.19	.001	76.75	.01

SURGICENTER	72	134	16,120.24	120.30	.006	223.89	.71
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,037	1,640	103,551.97	63.14	.072	99.86	4.56

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SONOMA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,684 ELIGIBLES							
@ALL OTHER PROVIDERS	2,639	116,247	\$ 1,127,965.63	\$ 9.70	5.125	\$ 427.42	\$ 49.73
DURABLE MED. EQUIP.	247	1,327	207,494.26	156.36	.058	840.06	9.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	53	85	10,402.34	122.38	.004	196.27	.46
MEDICAL TRANSPORTATION	824	23,458	120,136.26	5.12	1.034	145.80	5.30
AMBULANCES/AIR TRANS	55	617	9,105.83	14.76	.027	165.56	.40
OTHER TRANS	473	19,933	85,954.30	4.31	.879	181.72	3.79
OTHER SERVICES	339	2,908	25,076.13	8.62	.128	73.97	1.11
ACUPUNCTURE	8	12	231.12	19.26	.001	28.89	.01
ADULT DAY HEALTH CARE CTR	117	1,274	84,986.70	66.71	.056	726.38	3.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	316	1,845	122,608.99	66.45	.081	388.00	5.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	291	682	8,729.50	12.80	.030	30.00	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	27	42	64.91	1.55	.002	2.40	.00
PROSTHETIST/ORTHOTISTS	5	11	190.14	17.29	.000	38.03	.01
PROSTHETICS	4	9	110.24	12.25	.000	27.56	.00
ORTHOTICS	1	2	79.90	39.95	.000	79.90	.00
PSYCHOLOGIST	76	97	902.75	9.31	.004	11.88	.04
SPEECH AND AUDIOLOGY	100	241	14,248.90	59.12	.011	142.49	.63
HOSPICE SERVICES	199	5,444	505,432.92	92.84	.240	2539.86	22.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	685	81,729	52,536.84	.64	3.603	76.70	2.32
@CALIF. CHILDREN SERVICES*	1	1	\$ 245.16	\$ 245.16	.000	\$ 245.16	\$.01
@XOVER EXCLUDING STATE HOSP**	4,682	79,357	\$ 804,041.15	\$ 10.13	3.498	\$ 171.73	\$ 35.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,749
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
141 ELIGIBLES							
@TOTAL, ALL PROVIDERS	90	17,635	\$ 242,847.56	\$ 13.77	125.071	\$ 2698.31	\$ 1722.32
@PHYSICIANS SERVICES	7	35	\$ 927.72	\$ 26.51	.248	\$ 132.53	\$ 6.58
OUTPATIENT VISITS	2	5	288.16	57.63	.035	144.08	2.04
OFFICE VISITS	2	3	72.00	24.00	.021	36.00	.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	216.16	108.08	.014	216.16	1.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	3	9		336.18		37.35	.064	112.06	2.38
HOSPITAL VISITS	3	9		336.18		37.35	.064	112.06	2.38
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	2	7		177.99		25.43	.050	89.00	1.26
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	14		125.39		8.96	.099	25.08	.89
@PHARMACY	58	226	\$	12,844.44	\$	56.83	1.603	\$ 221.46	\$ 91.10
PRESCRIPTION DRUGS	56	222		12,828.93		57.79	1.574	229.09	90.99
SNF/ICF	30	139		9,717.85		69.91	.986	323.93	68.92
OUTPATIENTS	26	83		3,111.08		37.48	.589	119.66	22.06
MEDICAL SUPPLIES	2	4		15.51		3.88	.028	7.76	.11
@DENTIST	3	6	\$	126.00	\$	21.00	.043	\$ 42.00	\$.89
VISITS - DIAGNOSTIC	3	6		126.00		21.00	.043	42.00	.89
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,750
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.021	\$ 42.85	\$.30
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.021	42.85	.30
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	11	\$ 48.85	\$ 4.44	.078	\$ 9.77	\$.35

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	5	11		48.85	4.44	.078	9.77	.35
@HOME HEALTH AGENCY	4	8	\$	381.48	\$ 47.69	.057	\$ 95.37	\$ 2.71
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	42	\$	21,505.72	\$ 512.04	.298	\$ 2389.52	\$ 152.52
HOSP INPATIENT TOTAL	3	32		20,794.00	649.81	.227	6931.33	147.48
HSC HOSPITALS	1	19		19,190.00	1010.00	.135	19190.00	136.10
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	13		1,604.00	123.38	.092	802.00	11.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	10		711.72	71.17	.071	118.62	5.05
MEDICAL	0	0		28.20	.00	.000	.00	.20
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		13.59	.00	.000	.00	.10
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		51.66	.00	.000	.00	.37
CROSSOVERS/ALL OTH OUTPTNT	6	10		618.27	61.83	.071	103.05	4.38
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,751
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9		42	\$ 21,505.72	\$ 512.04	.298	\$ 2389.52	\$ 152.52
COMM HOSP INPATIENT TOTAL	3		32	20,794.00	649.81	.227	6931.33	147.48
HSC HOSPITALS	1		19	19,190.00	1010.00	.135	19190.00	136.10
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	13		1,604.00	123.38	.092	802.00	11.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	10		711.72	71.17	.071	118.62	5.05
MEDICAL	0	0		28.20	.00	.000	.00	.20
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		13.59	.00	.000	.00	.10
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		51.66	.00	.000	.00	.37
CROSSOVERS/ALL OTH OUTPTNT	6	10		618.27	61.83	.071	103.05	4.38
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	32	1,032	\$	106,085.11	\$ 102.80	7.319	\$ 3315.16	\$ 752.38
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	32	1,032		106,085.11	102.80	7.319	3315.16	752.38
@INTERMEDIATE CARE FACIL.-DD	12	344	\$	94,068.72	\$ 273.46	2.440	\$ 7839.06	\$ 667.15
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	344		94,068.72	273.46	2.440	7839.06	667.15
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$	192.80	\$	21.42	.064	\$ 27.54	\$ 1.37
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9		192.80		21.42	.064	27.54	1.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,752
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	15,919	\$ 6,623.87	\$.42	112.901	\$ 254.76	\$ 46.98
DURABLE MED. EQUIP.	4	7	1,380.75	197.25	.050	345.19	9.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22	158.30	7.20	.156	52.77	1.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	37.90	9.48	.028	37.90	.27
OTHER SERVICES	2	18	120.40	6.69	.128	60.20	.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	12	686.34	57.20	.085	343.17	4.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.014	21.99	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.99	38.99	.007	38.99	.28
SPEECH AND AUDIOLOGY	1	1	449.41	449.41	.007	449.41	3.19
HOSPICE SERVICES	1	1	107.28	107.28	.007	107.28	.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	68	705.64	10.38	.482	141.13	5.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	15,805	3,075.17	.19	112.092	279.56	21.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	26	1,437	\$ 3,432.54	\$ 2.39	10.191	\$ 132.02	\$ 24.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,753
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

20,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,668	931,241	\$ 123,546,582.30	\$ 132.67	45.739	\$ 6281.60	\$ 6068.10
@PHYSICIANS SERVICES	2,650	12,868	\$ 433,955.97	\$ 33.72	.632	\$ 163.76	\$ 21.31

OUTPATIENT VISITS	598	844		33,966.50	40.24	.041	56.80	1.67
OFFICE VISITS	434	602		19,775.71	32.85	.030	45.57	.97
HOME VISITS	2	2		103.20	51.60	.000	51.60	.01
EMERGENCY ROOM	184	226		13,619.29	60.26	.011	74.02	.67
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	14	14		468.30	33.45	.001	33.45	.02
INPATIENT VISITS	310	1,884		76,664.48	40.69	.093	247.30	3.77
HOSPITAL VISITS	236	1,214		48,992.01	40.36	.060	207.59	2.41
CRITICAL CARE	33	92		9,919.87	107.82	.005	300.60	.49
SNF/ICF/TRANS IP CARE	73	578		17,752.60	30.71	.028	243.19	.87
OPHTHALMOLOGICAL SERVICES	55	62		2,758.23	44.49	.003	50.15	.14
EXAMINATIONS	55	62		2,758.23	44.49	.003	50.15	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	112	561		46,788.72	83.40	.028	417.76	2.30
PRINCIPAL SURGEON	86	123		35,952.11	292.29	.006	418.05	1.77
ASSISTANT SURGEON	5	14		1,413.99	101.00	.001	282.80	.07
ANESTHESIOLOGIST	35	424		9,422.62	22.22	.021	269.22	.46
OUTPATIENT SURGERY	164	433		36,359.50	83.97	.021	221.70	1.79
PRINCIPAL SURGEON	104	126		27,807.83	220.70	.006	267.38	1.37
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02	.01
ANESTHESIOLOGIST	63	306		8,433.65	27.56	.015	133.87	.41
DIALYSIS	50	170		17,181.97	101.07	.008	343.64	.84
PATHOLOGY	165	515		6,498.22	12.62	.025	39.38	.32
RADIOLOGY	408	982		52,811.84	53.78	.048	129.44	2.59
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	72	1,512		84,431.19	55.84	.074	1172.66	4.15
OTHER SERVICES/ALL X-OVERS	1,652	5,905		76,495.32	12.95	.290	46.30	3.76
@PHARMACY	9,560	103,658	\$	4,868,204.06	\$ 46.96	5.091	\$ 509.23	\$ 239.11
PRESCRIPTION DRUGS	9,443	47,460		4,778,617.36	100.69	2.331	506.05	234.71
SNF/ICF	1,462	10,095		851,826.83	84.38	.496	582.64	41.84
OUTPATIENTS	8,085	37,365		3,926,790.53	105.09	1.835	485.69	192.87
MEDICAL SUPPLIES	706	56,198		89,586.70	1.59	2.760	126.89	4.40
@DENTIST	923	3,984	\$	174,280.37	\$ 43.75	.196	\$ 188.82	\$ 8.56
VISITS - DIAGNOSTIC	666	2,433		36,039.90	14.81	.119	54.11	1.77
ORAL SURGERY	151	537		26,804.83	49.92	.026	177.52	1.32
DRUGS	4	4		.00	.00	.000	.00	.00
ANESTHESIA	8	8		700.00	87.50	.000	87.50	.03
PERIODONTICS	74	127		22,065.00	173.74	.006	298.18	1.08
ENDODONTICS	34	43		8,900.00	206.98	.002	261.76	.44
RESTORATIVE DENTISTRY	243	538		47,889.00	89.01	.026	197.07	2.35
PROSTHETICS	7	7		180.00	25.71	.000	25.71	.01
DENTURES, STAYPLATES	82	275		30,374.64	110.45	.014	370.42	1.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	6		1,327.00	221.17	.000	331.75	.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	6		.00	.00	.000	.00	.00
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SONOMA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

EYE APPLIANCES	292	838		12,980.51	15.49	.041	44.45	.64
OTHER OPTOMETRIC SERVICES	33	51		671.03	13.16	.003	20.33	.03
@CHIROPRACTOR	26	63	\$	1,024.10	\$ 16.26	.003	\$ 39.39	\$.05
VISITS	21	58		940.50	16.22	.003	44.79	.05
OTHER SERVICES	5	5		83.60	16.72	.000	16.72	.00
@PODIATRIST	216	424	\$	3,388.53	\$ 7.99	.021	\$ 15.69	\$.17
MEDICINE/INJECTIONS	6	10		302.80	30.28	.000	50.47	.01
SURGERY/ANES.	3	5		54.73	10.95	.000	18.24	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	209	409		3,031.00	7.41	.020	14.50	.15
@HOME HEALTH AGENCY	128	15,524	\$	459,800.87	\$ 29.62	.762	\$ 3592.19	\$ 22.58
NURSE ANESTHESIST	5	66	\$	588.84	\$ 8.92	.003	\$ 117.77	\$.03
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$	64.51	\$ 16.13	.000	\$ 21.50	\$.00
@TOTAL HOSPITAL	2,418	12,934	\$	2,701,347.18	\$ 208.86	.635	\$ 1117.18	\$ 132.68
HOSP INPATIENT TOTAL	284	2,398		2,426,988.73	1012.09	.118	8545.73	119.20
HSC HOSPITALS	22	125		199,329.00	1594.63	.006	9060.41	9.79
NON-HSC HOSPITAL TOTAL	120	947		2,090,727.41	2207.74	.047	17422.73	102.69
ACCOMMODATIONS	119	947		748,947.48	790.86	.047	6293.68	36.79
ADMINISTRATIVE DAYS	12	143		31,745.54	222.00	.007	2645.46	1.56
TRANSITIONAL IP CARE	0	0		201.36	.00	.000	.00	.01
ALL OTHER ACCOM	109	804		717,000.58	891.79	.039	6577.99	35.22
ANCILLARIES	120	0		1,341,779.93	.00	.000	11181.50	65.90
INPATIENT CROSSOVERS	145	1,326		136,932.32	103.27	.065	944.36	6.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,226	10,536		274,358.45	26.04	.517	123.25	13.48
MEDICAL	369	551		18,825.14	34.17	.027	51.02	.92
SURGERY	137	173		8,207.99	47.45	.008	59.91	.40
PATHOLOGY	484	2,126		23,688.93	11.14	.104	48.94	1.16
RADIOLOGY	273	516		47,154.64	91.38	.025	172.73	2.32
ROOM USE	528	847		39,429.88	46.55	.042	74.68	1.94
CROSSOVERS/ALL OTH OUTPTNT	1,640	6,323		137,051.87	21.68	.311	83.57	6.73
@COUNTY HOSPITAL TOTAL	12	39	\$	19,145.75	\$ 490.92	.002	\$ 1595.48	\$.94
CO HOSPITAL INPATIENT TOTAL	3	13		18,741.50	1441.65	.001	6247.17	.92
HSC HOSPITALS	3	9		9,443.00	1049.22	.000	3147.67	.46
NON-HSC HOSPITALS TOTAL	1	4		9,298.50	2324.63	.000	9298.50	.46
ACCOMMODATIONS	1	4		5,400.00	1350.00	.000	5400.00	.27
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		5,400.00	1350.00	.000	5400.00	.27
ANCILLARIES	1	0		3,898.50	.00	.000	3898.50	.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	26		404.25	15.55	.001	40.43	.02
MEDICAL	2	2		73.76	36.88	.000	36.88	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		24.28	12.14	.000	24.28	.00
RADIOLOGY	1	1		15.08	15.08	.000	15.08	.00
ROOM USE	3	3		125.20	41.73	.000	41.73	.01
CROSSOVERS/ALL OTH OUTPTNT	8	18		165.93	9.22	.001	20.74	.01

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SONOMA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----

20,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,410	12,895	\$	2,682,201.43	\$ 208.00	.633	\$ 1112.95	\$ 131.74
COMM HOSP INPATIENT TOTAL	281	2,385		2,408,247.23	1009.75	.117	8570.27	118.28
HSC HOSPITALS	19	116		189,886.00	1636.95	.006	9994.00	9.33
NON-HSC HOSPITALS TOTAL	119	943		2,081,428.91	2207.24	.046	17491.00	102.23
ACCOMMODATIONS	118	943		743,547.48	788.49	.046	6301.25	36.52
ADMINISTRATIVE DAYS	12	143		31,745.54	222.00	.007	2645.46	1.56
TRANSITIONAL IP CARE	0	0		201.36	.00	.000	.00	.01
ALL OTHER ACCOM	108	800		711,600.58	889.50	.039	6588.89	34.95
ANCILLARIES	119	0		1,337,881.43	.00	.000	11242.70	65.71
INPATIENT CROSSOVERS	145	1,326		136,932.32	103.27	.065	944.36	6.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,220	10,510		273,954.20	26.07	.516	123.40	13.46
MEDICAL	368	549		18,751.38	34.16	.027	50.95	.92
SURGERY	137	173		8,207.99	47.45	.008	59.91	.40
PATHOLOGY	483	2,124		23,664.65	11.14	.104	49.00	1.16
RADIOLOGY	272	515		47,139.56	91.53	.025	173.31	2.32
ROOM USE	527	844		39,304.68	46.57	.041	74.58	1.93
CROSSOVERS/ALL OTH OUTPTNT	1,634	6,305		136,885.94	21.71	.310	83.77	6.72
@STATE HOSPITAL	7,840	246,552	\$	105,628,702.64	\$ 428.42	12.110	\$ 13473.05	\$ 5188.05
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7,840	246,552		105,628,702.64	428.42	12.110	13473.05	5188.05
@NURSING FACILITY	1,068	34,381	\$	3,911,581.58	\$ 113.77	1.689	\$ 3662.53	\$ 192.12
LEV A-INTERMEDIATE	5	214		20,816.78	97.27	.011	4163.36	1.02
LEV B-REHAB MD	269	10,183		1,045,907.53	102.71	.500	3888.13	51.37
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	28	991		487,237.02	491.66	.049	17401.32	23.93
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	767	22,993		2,357,620.25	102.54	1.129	3073.82	115.80
@INTERMEDIATE CARE FACIL.-DD	934	29,424	\$	3,999,934.19	\$ 135.94	1.445	\$ 4282.58	\$ 196.46
ICF DDH	749	23,597		3,044,929.86	129.04	1.159	4065.33	149.55
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	186	5,827		955,004.33	163.89	.286	5134.43	46.91
@HEMODIALYSIS TOTAL	215	4,196	\$	227,193.38	\$ 54.15	.206	\$ 1056.71	\$ 11.16
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	215	4,196		227,193.38	54.15	.206	1056.71	11.16
@REHABILITATION FACILITY	39	691	\$	9,788.81	\$ 14.17	.034	\$ 251.00	\$.48
HOSPITAL BASED	2	11		221.41	20.13	.001	110.71	.01
INDEPENDENT FACILITY	37	680		9,567.40	14.07	.033	258.58	.47
@LABORATORY FACILITY	425	1,855	\$	25,988.01	\$ 14.01	.091	\$ 61.15	\$ 1.28
PATHOLOGY	416	1,827		25,786.53	14.11	.090	61.99	1.27
XO AND OTHERS	9	28		201.48	7.20	.001	22.39	.01
@ORGANIZED OUTPATIENT CLINIC	1,287	2,665	\$	187,296.32	\$ 70.28	.131	\$ 145.53	\$ 9.20
CLINIC	47	125		3,217.40	25.74	.006	68.46	.16
SURGICENTER	19	34		3,446.91	101.38	.002	181.42	.17
HEROIN DETOX CLINIC	3	38		444.80	11.71	.002	148.27	.02
RURAL HEALTH CLINIC	1,234	2,468		180,187.21	73.01	.121	146.02	8.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,756
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SONOMA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

	20,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,904	460,969	\$	895,531.22	\$ 1.94	22.641	\$ 308.38	\$ 43.98
DURABLE MED. EQUIP.	310	1,486		304,526.90	204.93	.073	982.34	14.96
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	18	27	2,175.97	80.59	.001	120.89	.11
MEDICAL TRANSPORTATION	465	21,769	110,986.03	5.10	1.069	238.68	5.45
AMBULANCES/AIR TRANS	106	1,470	24,471.25	16.65	.072	230.86	1.20
OTHER TRANS	155	18,382	70,390.94	3.83	.903	454.14	3.46
OTHER SERVICES	213	1,917	16,123.84	8.41	.094	75.70	.79
ACUPUNCTURE	23	70	1,181.35	16.88	.003	51.36	.06
ADULT DAY HEALTH CARE CTR	21	362	24,164.46	66.75	.018	1150.69	1.19
GENETIC DISEASE TESTING	5	5	362.00	72.40	.000	72.40	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	40	1,503	58,416.13	38.87	.074	1460.40	2.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	377	866	10,414.19	12.03	.043	27.62	.51
PHYSICAL THERAPIST	13	172	2,838.38	16.50	.008	218.34	.14
PORTABLE X-RAY	5	10	149.26	14.93	.000	29.85	.01
PROSTHETIST/ORTHOTISTS	27	82	7,538.49	91.93	.004	279.20	.37
PROSTHETICS	25	80	7,472.59	93.41	.004	298.90	.37
ORTHOTICS	2	2	65.90	32.95	.000	32.95	.00
PSYCHOLOGIST	24	87	1,128.00	12.97	.004	47.00	.06
SPEECH AND AUDIOLOGY	335	1,148	55,482.30	48.33	.056	165.62	2.73
HOSPICE SERVICES	43	1,143	137,893.43	120.64	.056	3206.82	6.77
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	92	5,180	27,498.72	5.31	.254	298.90	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,350	427,059	150,775.61	.35	20.975	111.69	7.41
@CALIF. CHILDREN SERVICES*	99	5,406	\$ 315,263.78	\$ 58.32	.266	\$ 3184.48	\$ 15.48
@XOVER EXCLUDING STATE HOSP**	3,950	422,866	\$ 677,779.82	\$ 1.60	20.769	\$ 171.59	\$ 33.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

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SONOMA COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

	161,447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	61,149	309,290	\$ 21,377,829.64	\$ 69.12	1.916	\$ 349.60	\$ 132.41
@PHYSICIANS SERVICES	17,973	45,644	\$ 2,671,775.95	\$ 58.54	.283	\$ 148.65	\$ 16.55
OUTPATIENT VISITS	11,749	16,149	562,915.58	34.86	.100	47.91	3.49
OFFICE VISITS	6,992	9,154	268,169.38	29.30	.057	38.35	1.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,635	5,533	232,581.17	42.04	.034	50.18	1.44
PREVENTIVE CARE	181	185	7,166.51	38.74	.001	39.59	.04
OB VISITS/COMPRE PERI	432	1,160	49,947.24	43.06	.007	115.62	.31
OTHER OUTPATIENT	87	117	5,051.28	43.17	.001	58.06	.03
INPATIENT VISITS	1,202	4,032	289,545.13	71.81	.025	240.89	1.79
HOSPITAL VISITS	1,128	3,000	138,085.72	46.03	.019	122.42	.86
CRITICAL CARE	168	1,028	151,352.91	147.23	.006	900.91	.94
SNF/ICF/TRANS IP CARE	2	4	106.50	26.63	.000	53.25	.00
OPHTHALMOLOGICAL SERVICES	214	245	11,226.18	45.82	.002	52.46	.07
EXAMINATIONS	203	234	11,079.99	47.35	.001	54.58	.07
SERVICES AND MATERIALS	11	11	146.19	13.29	.000	13.29	.00
INPATIENT HOSPITAL SURGERY	1,238	5,775	585,347.36	101.36	.036	472.82	3.63
PRINCIPAL SURGEON	815	943	468,277.82	496.58	.006	574.57	2.90
ASSISTANT SURGEON	101	104	17,762.96	170.80	.001	175.87	.11
ANESTHESIOLOGIST	491	4,728	99,306.58	21.00	.029	202.25	.62
OUTPATIENT SURGERY	1,438	3,588	230,411.07	64.22	.022	160.23	1.43
PRINCIPAL SURGEON	1,154	1,430	179,460.78	125.50	.009	155.51	1.11
ASSISTANT SURGEON	14	14	1,357.03	96.93	.000	96.93	.01
ANESTHESIOLOGIST	344	2,144	49,593.26	23.13	.013	144.17	.31
DIALYSIS	42	78	12,131.32	155.53	.000	288.84	.08
PATHOLOGY	1,868	3,222	52,936.30	16.43	.020	28.34	.33
RADIOLOGY	4,322	6,441	239,658.75	37.21	.040	55.45	1.48
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	299	1,852	127,413.84	68.80	.011	426.13	.79
OTHER SERVICES/ALL X-OVERS	1,693	4,261	560,117.13	131.45	.026	330.84	3.47
@PHARMACY	26,378	70,167	\$ 3,139,458.41	\$ 44.74	.435	\$ 119.02	\$ 19.45
PRESCRIPTION DRUGS	26,102	56,863	2,826,674.72	49.71	.352	108.29	17.51
SNF/ICF	34	77	38,665.96	502.16	.000	1137.23	.24
OUTPATIENTS	26,079	56,786	2,788,008.76	49.10	.352	106.91	17.27
MEDICAL SUPPLIES	880	13,304	312,783.69	23.51	.082	355.44	1.94
@DENTIST	6,722	29,878	\$ 1,054,084.59	\$ 35.28	.185	\$ 156.81	\$ 6.53
VISITS - DIAGNOSTIC	4,745	18,310	287,036.12	15.68	.113	60.49	1.78
ORAL SURGERY	940	2,020	122,365.56	60.58	.013	130.18	.76
DRUGS	48	59	1,047.68	17.76	.000	21.83	.01
ANESTHESIA	76	79	6,675.00	84.49	.000	87.83	.04
PERIODONTICS	163	166	27,085.00	163.16	.001	166.17	.17
ENDODONTICS	532	961	111,642.50	116.17	.006	209.85	.69
RESTORATIVE DENTISTRY	2,611	7,417	441,715.25	59.55	.046	169.17	2.74
PROSTHETICS	24	24	720.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	111	417	35,929.66	86.16	.003	323.69	.22
SPACE MAINTAINERS	58	69	7,441.86	107.85	.000	128.31	.05
MAXILLOFACIAL SERVICES	16	20	1,032.48	51.62	.000	64.53	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	139	295	11,178.48	37.89	.002	80.42	.07
ALL OTHER SERVICES	29	40	75.00	1.88	.000	2.59	.00

SONOMA COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

161,447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,288	3,698	\$ 89,469.56	\$ 24.19	.023	\$ 69.46	\$.55
DIAGNOSTIC AND ANC. PROCED	833	847	39,038.96	46.09	.005	46.87	.24
EYE APPLIANCES	897	2,676	39,502.43	14.76	.017	44.04	.24
OTHER OPTOMETRIC SERVICES	162	175	10,928.17	62.45	.001	67.46	.07
@CHIROPRACTOR	225	416	\$ 6,899.09	\$ 16.58	.003	\$ 30.66	\$.04
VISITS	225	416	6,899.09	16.58	.003	30.66	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	46	82	\$ 2,544.35	\$ 31.03	.001	\$ 55.31	\$.02
MEDICINE/INJECTIONS	35	43	1,347.80	31.34	.000	38.51	.01
SURGERY/ANES.	12	17	686.17	40.36	.000	57.18	.00
RADIO./PATHOLOGY	9	13	238.74	18.36	.000	26.53	.00
OTHER	8	9	271.64	30.18	.000	33.96	.00
@HOME HEALTH AGENCY	245	751	\$ 48,343.11	\$ 64.37	.005	\$ 197.32	\$.30
NURSE ANESTHESIST	1	3	\$ 51.90	\$ 17.30	.000	\$ 51.90	\$.00
NURSE MIDWIFE	630	5,911	\$ 150,924.16	\$ 25.53	.037	\$ 239.56	\$.93
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 140.58	\$ 46.86	.000	\$ 46.86	\$.00
@TOTAL HOSPITAL	17,518	71,062	\$ 11,032,500.74	\$ 155.25	.440	\$ 629.78	\$ 68.34
HOSP INPATIENT TOTAL	1,339	5,550	9,117,329.49	1642.76	.034	6809.06	56.47
HSC HOSPITALS	90	536	835,094.12	1558.01	.003	9278.82	5.17
NON-HSC HOSPITAL TOTAL	1,251	5,007	8,279,799.37	1653.64	.031	6618.54	51.28
ACCOMMODATIONS	1,247	5,007	3,342,645.30	667.59	.031	2680.55	20.70
ADMINISTRATIVE DAYS	24	201	45,421.50	225.98	.001	1892.56	.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,236	4,806	3,297,223.80	686.06	.030	2667.66	20.42
ANCILLARIES	1,250	0	4,937,154.07	.00	.000	3949.72	30.58
INPATIENT CROSSOVERS	3	7	2,436.00	348.00	.000	812.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16,747	65,512	1,915,171.25	29.23	.406	114.36	11.86
MEDICAL	5,662	7,596	263,318.35	34.67	.047	46.51	1.63
SURGERY	1,436	1,738	72,453.96	41.69	.011	50.46	.45
PATHOLOGY	5,699	18,537	228,144.35	12.31	.115	40.03	1.41
RADIOLOGY	3,790	4,835	347,118.77	71.79	.030	91.59	2.15
ROOM USE	12,269	17,093	650,484.22	38.06	.106	53.02	4.03
CROSSOVERS/ALL OTH OUTPTNT	5,674	15,713	353,651.60	22.51	.097	62.33	2.19
@COUNTY HOSPITAL TOTAL	38	168	\$ 10,990.30	\$ 65.42	.001	\$ 289.22	\$.07
CO HOSPITAL INPATIENT TOTAL	2	5	5,929.00	1185.80	.000	2964.50	.04
HSC HOSPITALS	2	5	5,929.00	1185.80	.000	2964.50	.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	36	163	5,061.30	31.05	.001	140.59	.03
MEDICAL	8	9	270.98	30.11	.000	33.87	.00
SURGERY	15	23	656.05	28.52	.000	43.74	.00
PATHOLOGY	16	47	888.17	18.90	.000	55.51	.01
RADIOLOGY	5	13	1,044.28	80.33	.000	208.86	.01
ROOM USE	18	27	1,172.06	43.41	.000	65.11	.01

161,447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	17,488	70,894	\$ 11,021,510.44	\$ 155.46	.439	\$ 630.23	\$ 68.27
COMM HOSP INPATIENT TOTAL	1,337	5,545	9,111,400.49	1643.17	.034	6814.81	56.44
HSC HOSPITALS	88	531	829,165.12	1561.52	.003	9422.33	5.14
NON-HSC HOSPITALS TOTAL	1,251	5,007	8,279,799.37	1653.64	.031	6618.54	51.28
ACCOMMODATIONS	1,247	5,007	3,342,645.30	667.59	.031	2680.55	20.70
ADMINISTRATIVE DAYS	24	201	45,421.50	225.98	.001	1892.56	.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,236	4,806	3,297,223.80	686.06	.030	2667.66	20.42
ANCILLARIES	1,250	0	4,937,154.07	.00	.000	3949.72	30.58
INPATIENT CROSSTOVERS	3	7	2,436.00	348.00	.000	812.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16,719	65,349	1,910,109.95	29.23	.405	114.25	11.83
MEDICAL	5,654	7,587	263,047.37	34.67	.047	46.52	1.63
SURGERY	1,421	1,715	71,797.91	41.86	.011	50.53	.44
PATHOLOGY	5,684	18,490	227,256.18	12.29	.115	39.98	1.41
RADIOLOGY	3,786	4,822	346,074.49	71.77	.030	91.41	2.14
ROOM USE	12,254	17,066	649,312.16	38.05	.106	52.99	4.02
CROSSTOVERS/ALL OTH OUTPTNT	5,651	15,669	352,621.84	22.50	.097	62.40	2.18
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	46	\$ 6,809.71	\$ 148.04	.000	\$ 1361.94	\$.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	46	6,809.71	148.04	.000	1361.94	.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	66	3,169	\$ 130,367.00	\$ 41.14	.020	\$ 1975.26	\$.81
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	66	3,169	130,367.00	41.14	.020	1975.26	.81
@REHABILITATION FACILITY	53	964	\$ 12,989.09	\$ 13.47	.006	\$ 245.08	\$.08
HOSPITAL BASED	4	10	275.74	27.57	.000	68.94	.00
INDEPENDENT FACILITY	49	954	12,713.35	13.33	.006	259.46	.08
@LABORATORY FACILITY	4,900	14,587	\$ 222,206.41	\$ 15.23	.090	\$ 45.35	\$ 1.38
PATHOLOGY	4,898	14,585	222,005.13	15.22	.090	45.33	1.38
XO AND OTHERS	2	2	201.28	100.64	.000	100.64	.00
@ORGANIZED OUTPATIENT CLINIC	13,988	28,402	\$ 2,324,913.39	\$ 81.86	.176	\$ 166.21	\$ 14.40
CLINIC	2,008	8,232	203,160.92	24.68	.051	101.18	1.26
SURGICENTER	50	250	9,462.63	37.85	.002	189.25	.06
HEROIN DETOX CLINIC	9	125	1,512.44	12.10	.001	168.05	.01
RURAL HEALTH CLINIC	11,993	19,795	2,110,777.40	106.63	.123	176.00	13.07
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161,447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,144	34,507	\$ 484,351.60	\$ 14.04	.214	\$ 94.16	\$ 3.00
DURABLE MED. EQUIP.	233	1,356	39,363.78	29.03	.008	168.94	.24
BLOOD BANK	1	528	1,660.00	3.14	.003	1660.00	.01
HEARING AID DISPENSERS	7	10	324.18	32.42	.000	46.31	.00
MEDICAL TRANSPORTATION	557	9,153	140,571.20	15.36	.057	252.37	.87
AMBULANCES/AIR TRANS	539	6,428	101,978.42	15.86	.040	189.20	.63
OTHER TRANS	15	2,683	7,738.90	2.88	.017	515.93	.05
OTHER SERVICES	20	42	30,853.88	734.62	.000	1542.69	.19
ACUPUNCTURE	49	113	1,930.15	17.08	.001	39.39	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	548	554	41,778.00	75.41	.003	76.24	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,161	2,618	26,308.15	10.05	.016	22.66	.16
PHYSICAL THERAPIST	87	628	13,290.88	21.16	.004	152.77	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	111	233	30,870.87	132.49	.001	278.12	.19
PROSTHETICS	60	172	25,505.80	148.29	.001	425.10	.16
ORTHOTICS	60	61	5,365.07	87.95	.000	89.42	.03
PSYCHOLOGIST	10	20	1,063.98	53.20	.000	106.40	.01
SPEECH AND AUDIOLOGY	107	267	13,674.96	51.22	.002	127.80	.08
HOSPICE SERVICES	6	103	14,934.36	144.99	.001	2489.06	.09
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38	.11
LOCAL EDUCATION AGENCIES	2,293	13,545	136,770.09	10.10	.084	59.65	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	5,361	4,038.09	.75	.033	96.15	.03
@CALIF. CHILDREN SERVICES*	709	7,203	\$ 1,956,325.03	\$ 271.60	.045	\$ 2759.27	\$ 12.12
@XOVER EXCLUDING STATE HOSP**	217	2,182	\$ 36,922.70	\$ 16.92	.014	\$ 170.15	\$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
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204,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	98,748	1,788,368	\$ 175,958,198.60	\$ 98.39	8.739	\$ 1781.89	\$ 859.88
@PHYSICIANS SERVICES	22,960	69,138	\$ 3,328,168.17	\$ 48.14	.338	\$ 144.96	\$ 16.26
OUTPATIENT VISITS	12,657	17,443	618,377.19	35.45	.085	48.86	3.02
OFFICE VISITS	7,649	10,073	300,595.77	29.84	.049	39.30	1.47
HOME VISITS	2	2	103.20	51.60	.000	51.60	.00
EMERGENCY ROOM	4,924	5,889	254,970.17	43.30	.029	51.78	1.25
PREVENTIVE CARE	181	185	7,166.51	38.74	.001	39.59	.04
OB VISITS/COMPRE PERI	432	1,160	49,947.24	43.06	.006	115.62	.24
OTHER OUTPATIENT	104	134	5,594.30	41.75	.001	53.79	.03
INPATIENT VISITS	1,600	6,273	383,431.06	61.12	.031	239.64	1.87
HOSPITAL VISITS	1,438	4,506	199,340.23	44.24	.022	138.62	.97
CRITICAL CARE	212	1,162	165,416.68	142.36	.006	780.27	.81
SNF/ICF/TRANS IP CARE	92	605	18,674.15	30.87	.003	202.98	.09
OPHTHALMOLOGICAL SERVICES	312	361	16,449.57	45.57	.002	52.72	.08

EXAMINATIONS	301	350		16,303.38		46.58	.002	54.16	.08
SERVICES AND MATERIALS	11	11		146.19		13.29	.000	13.29	.00
INPATIENT HOSPITAL SURGERY	1,396	6,590		650,569.42		98.72	.032	466.02	3.18
PRINCIPAL SURGEON	932	1,112		517,480.29		465.36	.005	555.24	2.53
ASSISTANT SURGEON	112	124		20,259.79		163.39	.001	180.89	.10
ANESTHESIOLOGIST	545	5,354		112,829.34		21.07	.026	207.03	.55
OUTPATIENT SURGERY	1,692	4,319		305,466.98		70.73	.021	180.54	1.49
PRINCIPAL SURGEON	1,331	1,643		241,493.93		146.98	.008	181.44	1.18
ASSISTANT SURGEON	19	19		1,845.50		97.13	.000	97.13	.01
ANESTHESIOLOGIST	439	2,657		62,127.55		23.38	.013	141.52	.30
DIALYSIS	100	261		31,335.46		120.06	.001	313.35	.15
PATHOLOGY	2,093	3,852		61,645.28		16.00	.019	29.45	.30
RADIOLOGY	4,992	8,055		321,619.61		39.93	.039	64.43	1.57
PSYCHIATRY	1	1		73.29		73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	383	3,438		221,011.71		64.28	.017	577.05	1.08
OTHER SERVICES/ALL X-OVERS	5,162	18,545		718,188.60		38.73	.091	139.13	3.51
@PHARMACY	50,226	300,586	\$	11,585,751.57	\$	38.54	1.469	\$ 230.67	\$ 56.62
PRESCRIPTION DRUGS	49,691	172,427		11,100,558.91		64.38	.843	223.39	54.25
SNF/ICF	8,426	50,556		2,830,376.97		55.98	.247	335.91	13.83
OUTPATIENTS	41,503	121,871		8,270,181.94		67.86	.596	199.27	40.41
MEDICAL SUPPLIES	2,437	128,159		485,192.66		3.79	.626	199.09	2.37
@DENTIST	8,494	36,525	\$	1,362,869.48	\$	37.31	.178	\$ 160.45	\$ 6.66
VISITS - DIAGNOSTIC	6,051	22,467		352,031.53		15.67	.110	58.18	1.72
ORAL SURGERY	1,194	2,867		165,956.22		57.88	.014	138.99	.81
DRUGS	52	63		1,047.68		16.63	.000	20.15	.01
ANESTHESIA	88	91		7,675.00		84.34	.000	87.22	.04
PERIODONTICS	263	323		52,925.00		163.85	.002	201.24	.26
ENDODONTICS	579	1,017		123,088.50		121.03	.005	212.59	.60
RESTORATIVE DENTISTRY	2,971	8,216		515,889.25		62.79	.040	173.64	2.52
PROSTHETICS	35	35		1,020.00		29.14	.000	29.14	.00
DENTURES, STAYPLATES	329	1,005		121,991.48		121.38	.005	370.79	.60
SPACE MAINTAINERS	58	69		7,441.86		107.85	.000	128.31	.04

MAXILLOFACIAL SERVICES	20	26	2,359.48	90.75	.000	117.97	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	139	295	11,178.48	37.89	.001	80.42	.05
ALL OTHER SERVICES	36	50	125.00	2.50	.000	3.47	.00

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204,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,877	5,411	\$ 121,194.06	\$ 22.40	.026	\$ 64.57	\$.59
DIAGNOSTIC AND ANC. PROCED	974	991	45,569.42	45.98	.005	46.79	.22
EYE APPLIANCES	1,400	4,115	62,408.13	15.17	.020	44.58	.30
OTHER OPTOMETRIC SERVICES	234	305	13,216.51	43.33	.001	56.48	.06
@CHIROPRACTOR	251	479	\$ 7,923.19	\$ 16.54	.002	\$ 31.57	\$.04
VISITS	246	474	7,839.59	16.54	.002	31.87	.04
OTHER SERVICES	5	5	83.60	16.72	.000	16.72	.00
@PODIATRIST	1,220	2,659	\$ 16,735.32	\$ 6.29	.013	\$ 13.72	\$.08
MEDICINE/INJECTIONS	49	61	1,928.30	31.61	.000	39.35	.01
SURGERY/ANES.	21	39	1,126.69	28.89	.000	53.65	.01
RADIO./PATHOLOGY	9	13	238.74	18.36	.000	26.53	.00
OTHER	1,164	2,546	13,441.59	5.28	.012	11.55	.07
@HOME HEALTH AGENCY	388	16,372	\$ 514,789.34	\$ 31.44	.080	\$ 1326.78	\$ 2.52
NURSE ANESTHESIST	6	69	\$ 640.74	\$ 9.29	.000	\$ 106.79	\$.00
NURSE MIDWIFE	630	5,911	\$ 150,924.16	\$ 25.53	.029	\$ 239.56	\$.74
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	7	\$ 205.09	\$ 29.30	.000	\$ 34.18	\$.00
@TOTAL HOSPITAL	21,568	92,093	\$ 15,063,757.46	\$ 163.57	.450	\$ 698.43	\$ 73.61
HOSP INPATIENT TOTAL	1,901	9,977	12,724,309.86	1275.36	.049	6693.48	62.18
HSC HOSPITALS	116	693	1,074,218.12	1550.10	.003	9260.50	5.25
NON-HSC HOSPITAL TOTAL	1,435	6,337	11,331,531.83	1788.15	.031	7896.54	55.38
ACCOMMODATIONS	1,430	6,337	4,328,783.22	683.10	.031	3027.12	21.15
ADMINISTRATIVE DAYS	40	381	85,452.58	224.28	.002	2136.31	.42
TRANSITIONAL IP CARE	0	0	201.36	.00	.000	.00	.00
ALL OTHER ACCOM	1,407	5,956	4,243,129.28	712.41	.029	3015.73	20.74
ANCILLARIES	1,434	0	7,002,748.61	.00	.000	4883.37	34.22
INPATIENT CROSSOVERS	358	2,947	318,559.91	108.10	.014	889.83	1.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20,400	82,116	2,339,447.60	28.49	.401	114.68	11.43
MEDICAL	6,259	8,505	294,390.71	34.61	.042	47.03	1.44
SURGERY	1,610	1,955	84,579.05	43.26	.010	52.53	.41
PATHOLOGY	6,466	21,728	264,692.22	12.18	.106	40.94	1.29
RADIOLOGY	4,252	5,630	414,791.65	73.68	.028	97.55	2.03
ROOM USE	13,055	18,321	705,978.76	38.53	.090	54.08	3.45
CROSSOVERS/ALL OTH OUTPTNT	8,374	25,977	575,015.21	22.14	.127	68.67	2.81
@COUNTY HOSPITAL TOTAL	50	207	\$ 30,136.05	\$ 145.58	.001	\$ 602.72	\$.15
CO HOSPITAL INPATIENT TOTAL	5	18	24,670.50	1370.58	.000	4934.10	.12
HSC HOSPITALS	5	14	15,372.00	1098.00	.000	3074.40	.08
NON-HSC HOSPITALS TOTAL	1	4	9,298.50	2324.63	.000	9298.50	.05
ACCOMMODATIONS	1	4	5,400.00	1350.00	.000	5400.00	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	5,400.00	1350.00	.000	5400.00	.03
ANCILLARIES	1	0	3,898.50	.00	.000	3898.50	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	46	189	5,465.55	28.92	.001	118.82	.03
MEDICAL	10	11	344.74	31.34	.000	34.47	.00
SURGERY	15	23	656.05	28.52	.000	43.74	.00
PATHOLOGY	17	49	912.45	18.62	.000	53.67	.00
RADIOLOGY	6	14	1,059.36	75.67	.000	176.56	.01
ROOM USE	21	30	1,297.26	43.24	.000	61.77	.01
CROSSOVERS/ALL OTH OUTPTNT	32	62	1,195.69	19.29	.000	37.37	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	204,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,530	91,886	\$ 15,033,621.41	\$ 163.61	.449	\$ 698.26	\$ 73.47	
COMM HOSP INPATIENT TOTAL	1,896	9,959	12,699,639.36	1275.19	.049	6698.12	62.06	
HSC HOSPITALS	111	679	1,058,846.12	1559.42	.003	9539.15	5.17	
NON-HSC HOSPITALS TOTAL	1,434	6,333	11,322,233.33	1787.82	.031	7895.56	55.33	
ACCOMMODATIONS	1,429	6,333	4,323,383.22	682.68	.031	3025.46	21.13	
ADMINISTRATIVE DAYS	40	381	85,452.58	224.28	.002	2136.31	.42	
TRANSITIONAL IP CARE	0	0	201.36	.00	.000	.00	.00	
ALL OTHER ACCOM	1,406	5,952	4,237,729.28	711.98	.029	3014.03	20.71	
ANCILLARIES	1,433	0	6,998,850.11	.00	.000	4884.05	34.20	
INPATIENT CROSSOVERS	358	2,947	318,559.91	108.10	.014	889.83	1.56	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	20,366	81,927	2,333,982.05	28.49	.400	114.60	11.41	
MEDICAL	6,250	8,494	294,045.97	34.62	.042	47.05	1.44	
SURGERY	1,595	1,932	83,923.00	43.44	.009	52.62	.41	
PATHOLOGY	6,450	21,679	263,779.77	12.17	.106	40.90	1.29	
RADIOLOGY	4,247	5,616	413,732.29	73.67	.027	97.42	2.02	
ROOM USE	13,039	18,291	704,681.50	38.53	.089	54.04	3.44	
CROSSOVERS/ALL OTH OUTPTNT	8,345	25,915	573,819.52	22.14	.127	68.76	2.80	
@STATE HOSPITAL	7,876	247,645	\$ 106,100,505.11	\$ 428.44	1.210	\$ 13471.37	\$ 518.49	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	7,876	247,645	106,100,505.11	428.44	1.210	13471.37	518.49	
@NURSING FACILITY	9,149	292,640	\$ 27,515,790.81	\$ 94.03	1.430	\$ 3007.52	\$ 134.46	
LEV A-INTERMEDIATE	6	258	25,086.86	97.24	.001	4181.14	.12	
LEV B-REHAB MD	281	10,903	1,118,073.83	102.55	.053	3978.91	5.46	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	36	1,289	611,387.60	474.31	.006	16982.99	2.99	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	8,833	280,190	25,761,242.52	91.94	1.369	2916.48	125.89	
@INTERMEDIATE CARE FACIL.-DD	1,004	31,641	\$ 4,356,800.31	\$ 137.69	.155	\$ 4339.44	\$ 21.29	
ICF DDH	798	25,168	3,258,415.61	129.47	.123	4083.23	15.92	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	207	6,473	1,098,384.70	169.69	.032	5306.21	5.37	
@HEMODIALYSIS TOTAL	348	7,621	\$ 404,450.50	\$ 53.07	.037	\$ 1162.21	\$ 1.98	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	348	7,621	404,450.50	53.07	.037	1162.21	1.98	
@REHABILITATION FACILITY	93	1,656	\$ 22,806.96	\$ 13.77	.008	\$ 245.24	\$.11	
HOSPITAL BASED	7	22	526.21	23.92	.000	75.17	.00	
INDEPENDENT FACILITY	86	1,634	22,280.75	13.64	.008	259.08	.11	
@LABORATORY FACILITY	5,545	17,411	\$ 258,109.05	\$ 14.82	.085	\$ 46.55	\$ 1.26	
PATHOLOGY	5,527	17,372	257,637.49	14.83	.085	46.61	1.26	
XO AND OTHERS	18	39	471.56	12.09	.000	26.20	.00	
@ORGANIZED OUTPATIENT CLINIC	16,383	32,862	\$ 2,632,304.96	\$ 80.10	.161	\$ 160.67	\$ 12.86	
CLINIC	2,058	8,369	206,608.56	24.69	.041	100.39	1.01	

SURGICENTER	141	418	29,029.78	69.45	.002	205.88	.14
HEROIN DETOX CLINIC	12	163	1,957.24	12.01	.001	163.10	.01
RURAL HEALTH CLINIC	14,271	23,912	2,394,709.38	100.15	.117	167.80	11.70

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
204,632 ELIGIBLES							
@ALL OTHER PROVIDERS	10,713	627,642	\$ 2,514,472.32	\$ 4.01	3.067	\$ 234.71	\$ 12.29
DURABLE MED. EQUIP.	794	4,176	552,765.69	132.37	.020	696.18	2.70
BLOOD BANK	1	528	1,660.00	3.14	.003	1660.00	.01
HEARING AID DISPENSERS	78	122	12,902.49	105.76	.001	165.42	.06
MEDICAL TRANSPORTATION	1,849	54,402	371,851.79	6.84	.266	201.11	1.82
AMBULANCES/AIR TRANS	700	8,515	135,555.50	15.92	.042	193.65	.66
OTHER TRANS	644	41,002	164,122.04	4.00	.200	254.85	.80
OTHER SERVICES	574	4,885	72,174.25	14.77	.024	125.74	.35
ACUPUNCTURE	80	195	3,342.62	17.14	.001	41.78	.02
ADULT DAY HEALTH CARE CTR	138	1,636	109,151.16	66.72	.008	790.95	.53
GENETIC DISEASE TESTING	553	559	42,140.00	75.38	.003	76.20	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	358	3,360	181,711.46	54.08	.016	507.57	.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,830	4,168	45,473.83	10.91	.020	24.85	.22
PHYSICAL THERAPIST	100	800	16,129.26	20.16	.004	161.29	.08
PORTABLE X-RAY	32	52	214.17	4.12	.000	6.69	.00
PROSTHETIST/ORTHOTISTS	143	326	38,599.50	118.40	.002	269.93	.19
PROSTHETICS	89	261	33,088.63	126.78	.001	371.78	.16
ORTHOTICS	63	65	5,510.87	84.78	.000	87.47	.03
PSYCHOLOGIST	111	205	3,133.72	15.29	.001	28.23	.02
SPEECH AND AUDIOLOGY	543	1,657	83,855.57	50.61	.008	154.43	.41
HOSPICE SERVICES	249	6,691	658,367.99	98.40	.033	2644.05	3.22
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38	.09
LOCAL EDUCATION AGENCIES	2,390	18,793	164,974.45	8.78	.092	69.03	.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,088	529,954	210,425.71	.40	2.590	100.78	1.03
@CALIF. CHILDREN SERVICES*	809	12,610	\$ 2,271,833.97	\$ 180.16	.062	\$ 2808.20	\$ 11.10
@XOVER EXCLUDING STATE HOSP**	8,875	505,842	\$ 1,522,176.21	\$ 3.01	2.472	\$ 171.51	\$ 7.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,765
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
11,850 ELIGIBLES							
@TOTAL, ALL PROVIDERS	5,378	27,127	\$ 2,321,671.15	\$ 85.59	2.289	\$ 431.70	\$ 195.92
@PHYSICIANS SERVICES	1,634	4,714	\$ 240,495.01	\$ 51.02	.398	\$ 147.18	\$ 20.29
OUTPATIENT VISITS	1,069	1,455	50,959.56	35.02	.123	47.67	4.30
OFFICE VISITS	605	801	24,814.78	30.98	.068	41.02	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	433	499	19,983.07	40.05	.042	46.15	1.69
PREVENTIVE CARE	20	20	710.54	35.53	.002	35.53	.06
OB VISITS/COMPRE PERI	27	102	3,980.16	39.02	.009	147.41	.34

OTHER OUTPATIENT	30	33		1,471.01	44.58	.003	49.03	.12
INPATIENT VISITS	112	760		67,707.03	89.09	.064	604.53	5.71
HOSPITAL VISITS	98	435		18,740.83	43.08	.037	191.23	1.58
CRITICAL CARE	32	325		48,966.20	150.67	.027	1530.19	4.13
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	27	34		1,710.80	50.32	.003	63.36	.14
EXAMINATIONS	26	33		1,675.51	50.77	.003	64.44	.14
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	112	797		51,251.75	64.31	.067	457.60	4.33
PRINCIPAL SURGEON	71	97		39,510.66	407.33	.008	556.49	3.33
ASSISTANT SURGEON	12	13		1,825.73	140.44	.001	152.14	.15
ANESTHESIOLOGIST	51	687		9,915.36	14.43	.058	194.42	.84
OUTPATIENT SURGERY	131	353		22,383.67	63.41	.030	170.87	1.89
PRINCIPAL SURGEON	104	131		17,326.21	132.26	.011	166.60	1.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	34	222		5,057.46	22.78	.019	148.75	.43
DIALYSIS	11	11		2,871.98	261.09	.001	261.09	.24
PATHOLOGY	134	248		4,131.90	16.66	.021	30.84	.35
RADIOLOGY	400	685		20,085.98	29.32	.058	50.21	1.70
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	48		6,207.65	129.33	.004	200.25	.52
OTHER SERVICES/ALL X-OVERS	154	323		13,184.69	40.82	.027	85.61	1.11
@PHARMACY	2,081	5,885	\$	222,118.67	\$ 37.74	.497	\$ 106.74	\$ 18.74
PRESCRIPTION DRUGS	2,057	4,184		215,903.13	51.60	.353	104.96	18.22
SNF/ICF	10	30		7,099.53	236.65	.003	709.95	.60
OUTPATIENTS	2,048	4,154		208,803.60	50.27	.351	101.95	17.62
MEDICAL SUPPLIES	60	1,701		6,215.54	3.65	.144	103.59	.52
@DENTIST	457	2,186	\$	71,348.52	\$ 32.64	.184	\$ 156.12	\$ 6.02
VISITS - DIAGNOSTIC	347	1,516		24,857.54	16.40	.128	71.64	2.10
ORAL SURGERY	75	177		14,072.80	79.51	.015	187.64	1.19
DRUGS	7	8		36.68	4.59	.001	5.24	.00
ANESTHESIA	14	14		1,100.00	78.57	.001	78.57	.09
PERIODONTICS	2	2		245.00	122.50	.000	122.50	.02
ENDODONTICS	29	44		7,191.50	163.44	.004	247.98	.61
RESTORATIVE DENTISTRY	148	402		20,640.00	51.34	.034	139.46	1.74
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	7		720.00	102.86	.001	180.00	.06
MAXILLOFACIAL SERVICES	3	2		150.00	75.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.10
ORTHODONTIC SERVICES	10	11		1,135.00	103.18	.001	113.50	.10
ALL OTHER SERVICES	1	2		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,766
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

						----- MONTHLY AVERAGE -----			
11,850 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	91		272	\$ 6,391.87	\$ 23.50	.023	\$ 70.24	\$	.54
DIAGNOSTIC AND ANC. PROCED	66		68	3,017.05	44.37	.006	45.71		.25
EYE APPLIANCES	67		196	2,881.11	14.70	.017	43.00		.24
OTHER OPTOMETRIC SERVICES	8		8	493.71	61.71	.001	61.71		.04
@CHIROPRACTOR	2		4	\$ 66.88	\$ 16.72	.000	\$ 33.44	\$	.01
VISITS	2		4	66.88	16.72	.000	33.44		.01
OTHER SERVICES	0		0	.00	.00	.000	.00		.00
@PODIATRIST	2		6	\$ 190.81	\$ 31.80	.001	\$ 95.41	\$	.02

MEDICINE/INJECTIONS	1	3		102.34	34.11	.000	102.34	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	1	1		53.87	53.87	.000	53.87	.00
@HOME HEALTH AGENCY	25	66	\$	3,930.68	\$ 59.56	.006	\$ 157.23	\$.33
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	48	573	\$	12,671.82	\$ 22.11	.048	\$ 264.00	\$ 1.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	12	\$	94.13	\$ 7.84	.001	\$ 47.07	\$.01
@TOTAL HOSPITAL	1,585	6,348	\$	1,477,330.13	\$ 232.72	.536	\$ 932.07	\$ 124.67
HOSP INPATIENT TOTAL	106	713		1,315,404.93	1844.89	.060	12409.48	111.00
HSC HOSPITALS	17	117		161,225.40	1377.99	.010	9483.85	13.61
NON-HSC HOSPITAL TOTAL	89	596		1,154,179.53	1936.54	.050	12968.31	97.40
ACCOMMODATIONS	89	596		502,883.22	843.76	.050	5650.37	42.44
ADMINISTRATIVE DAYS	5	54		12,474.81	231.02	.005	2494.96	1.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	86	542		490,408.41	904.81	.046	5702.42	41.38
ANCILLARIES	89	0		651,296.31	.00	.000	7317.94	54.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,517	5,635		161,925.20	28.74	.476	106.74	13.66
MEDICAL	459	615		21,978.24	35.74	.052	47.88	1.85
SURGERY	112	126		5,429.94	43.09	.011	48.48	.46
PATHOLOGY	481	1,721		20,761.71	12.06	.145	43.16	1.75
RADIOLOGY	297	376		22,549.54	59.97	.032	75.92	1.90
ROOM USE	1,160	1,613		62,301.79	38.62	.136	53.71	5.26
CROSSOVERS/ALL OTH OUTPTNT	485	1,184		28,903.98	24.41	.100	59.60	2.44
@COUNTY HOSPITAL TOTAL	15	109	\$	59,672.00	\$ 547.45	.009	\$ 3978.13	\$ 5.04
CO HOSPITAL INPATIENT TOTAL	2	43		57,905.00	1346.63	.004	28952.50	4.89
HSC HOSPITALS	2	43		57,905.00	1346.63	.004	28952.50	4.89
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	66	1,767.00	26.77	.006	135.92	.15
MEDICAL	3	3	52.98	17.66	.000	17.66	.00
SURGERY	5	6	232.61	38.77	.001	46.52	.02
PATHOLOGY	6	23	539.94	23.48	.002	89.99	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	14	718.96	51.35	.001	89.87	.06
CROSSOVERS/ALL OTH OUTPTNT	8	20	222.51	11.13	.002	27.81	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

	11,850 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,573	6,239	\$	1,417,658.13	\$ 227.23	.526	\$ 901.24	\$ 119.63
COMM HOSP INPATIENT TOTAL	104	670		1,257,499.93	1876.87	.057	12091.35	106.12
HSC HOSPITALS	15	74		103,320.40	1396.22	.006	6888.03	8.72
NON-HSC HOSPITALS TOTAL	89	596		1,154,179.53	1936.54	.050	12968.31	97.40
ACCOMMODATIONS	89	596		502,883.22	843.76	.050	5650.37	42.44
ADMINISTRATIVE DAYS	5	54		12,474.81	231.02	.005	2494.96	1.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	86	542		490,408.41	904.81	.046	5702.42	41.38
ANCILLARIES	89	0		651,296.31	.00	.000	7317.94	54.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,507	5,569		160,158.20	28.76	.470	106.28	13.52
MEDICAL	456	612		21,925.26	35.83	.052	48.08	1.85
SURGERY	107	120		5,197.33	43.31	.010	48.57	.44
PATHOLOGY	475	1,698		20,221.77	11.91	.143	42.57	1.71
RADIOLOGY	297	376		22,549.54	59.97	.032	75.92	1.90
ROOM USE	1,152	1,599		61,582.83	38.51	.135	53.46	5.20
CROSSOVERS/ALL OTH OUTPTNT	477	1,164		28,681.47	24.64	.098	60.13	2.42
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	14	167	\$	2,392.89	\$ 14.33	.014	\$ 170.92	\$.20
HOSPITAL BASED	0	1CR		54.21CR	54.21	.000	.00	.00

INDEPENDENT FACILITY	14	168		2,447.10		14.57	.014	174.79	.21
@LABORATORY FACILITY	433	1,230	\$	20,056.57	\$	16.31	.104	\$ 46.32	\$ 1.69
PATHOLOGY	433	1,230		20,056.57		16.31	.104	46.32	1.69
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,262	2,570	\$	179,857.88	\$	69.98	.217	\$ 142.52	\$ 15.18
CLINIC	304	1,072		24,570.05		22.92	.090	80.82	2.07
SURGICENTER	3	14		500.36		35.74	.001	166.79	.04
HEROIN DETOX CLINIC	1	17		203.82		11.99	.001	203.82	.02
RURAL HEALTH CLINIC	964	1,467		154,583.65		105.37	.124	160.36	13.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,768
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

	11,850 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	366		3,094	\$ 84,725.29	\$ 27.38	.261	\$ 231.49	\$ 7.15
DURABLE MED. EQUIP.	22		446	26,537.72	59.50	.038	1206.26	2.24
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	84		1,846	27,680.70	14.99	.156	329.53	2.34
AMBULANCES/AIR TRANS	84		1,842	20,480.70	11.12	.155	243.82	1.73
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	4		4	7,200.00	1800.00	.000	1800.00	.61
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	56		56	4,305.00	76.88	.005	76.88	.36
IHMC,MODEL-NF,NF,AIDS,MSSP	1		1	19.75	19.75	.000	19.75	.00
OCCUPATIONAL THERAPIST	4		70	971.33	13.88	.006	242.83	.08
OPTICIAN	85		189	1,874.62	9.92	.016	22.05	.16
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13		28	4,537.23	162.04	.002	349.02	.38
PROSTHETICS	7		22	4,005.09	182.05	.002	572.16	.34
ORTHOTICS	6		6	532.14	88.69	.001	88.69	.04
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25		55	12,004.00	218.25	.005	480.16	1.01
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3		3	2,364.46	788.15	.000	788.15	.20
LOCAL EDUCATION AGENCIES	78		400	4,430.48	11.08	.034	56.80	.37
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	229		1,889	\$ 751,759.93	\$ 397.97	.159	\$ 3282.79	\$ 63.44
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,769
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

	144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	232		1,287	\$ 235,658.62	\$ 183.11	8.938	\$ 1015.77	\$ 1636.52
@PHYSICIANS SERVICES	101		290	\$ 17,949.16	\$ 61.89	2.014	\$ 177.71	\$ 124.65

OUTPATIENT VISITS	41	54		2,230.97	41.31	.375	54.41	15.49
OFFICE VISITS	14	19		484.98	25.53	.132	34.64	3.37
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	28	34		1,610.25	47.36	.236	57.51	11.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		8.41	8.41	.007	8.41	.06
OTHER OUTPATIENT	0	0		127.33	.00	.000	.00	.88
INPATIENT VISITS	15	25		1,391.16	55.65	.174	92.74	9.66
HOSPITAL VISITS	13	23		1,136.89	49.43	.160	87.45	7.90
CRITICAL CARE	2	2		254.27	127.14	.014	127.14	1.77
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	61		3,213.05	52.67	.424	229.50	22.31
PRINCIPAL SURGEON	7	7		2,046.30	292.33	.049	292.33	14.21
ASSISTANT SURGEON	1	1		121.61	121.61	.007	121.61	.84
ANESTHESIOLOGIST	6	53		1,045.14	19.72	.368	174.19	7.26
OUTPATIENT SURGERY	19	59		5,144.33	87.19	.410	270.75	35.72
PRINCIPAL SURGEON	12	14		3,730.93	266.50	.097	310.91	25.91
ASSISTANT SURGEON	1	1		134.77	134.77	.007	134.77	.94
ANESTHESIOLOGIST	7	44		1,278.63	29.06	.306	182.66	8.88
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	17		194.42	11.44	.118	21.60	1.35
RADIOLOGY	26	52		1,845.03	35.48	.361	70.96	12.81
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22		3,930.20	178.65	.153	327.52	27.29
@PHARMACY	30	88	\$	16,900.43	\$ 192.05	.611	\$ 563.35	\$ 117.36
PRESCRIPTION DRUGS	30	87		16,874.93	193.96	.604	562.50	117.19
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	30	87		16,874.93	193.96	.604	562.50	117.19
MEDICAL SUPPLIES	1	1		25.50	25.50	.007	25.50	.18
@DENTIST	30	117	\$	2,674.00	\$ 22.85	.813	\$ 89.13	\$ 18.57
VISITS - DIAGNOSTIC	19	54		245.00	4.54	.375	12.89	1.70
ORAL SURGERY	5	8		668.16	83.52	.056	133.63	4.64
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		66.84	66.84	.007	66.84	.46
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	1		.00	.00	.007	.00	.00
RESTORATIVE DENTISTRY	12	43		1,694.00	39.40	.299	141.17	11.76
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.007	.00	.00
ALL OTHER SERVICES	3	9		.00	.00	.063	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,770
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC							
				AID CODE				
				----- MONTHLY AVERAGE -----				
144 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	2	7 \$	191.28	\$ 27.33	.049	\$ 95.64	\$ 1.33	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.33	

EYE APPLIANCES	2	5	74.93	14.99	.035	37.47	.52
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.007	68.90	.48
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	106	698	\$ 195,720.37	\$ 280.40	4.847	\$ 1846.42	\$ 1359.17
HOSP INPATIENT TOTAL	21	54	155,860.15	2886.30	.375	7421.91	1082.36
HSC HOSPITALS	2	10	27,056.00	2705.60	.069	13528.00	187.89
NON-HSC HOSPITAL TOTAL	19	44	128,804.15	2927.37	.306	6779.17	894.47
ACCOMMODATIONS	19	44	25,113.58	570.76	.306	1321.77	174.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	44	25,113.58	570.76	.306	1321.77	174.40
ANCILLARIES	19	0	103,690.57	.00	.000	5457.40	720.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	87	644	39,860.22	61.89	4.472	458.16	276.81
MEDICAL	24	39	1,198.47	30.73	.271	49.94	8.32
SURGERY	21	28	1,851.11	66.11	.194	88.15	12.85
PATHOLOGY	36	369	2,496.43	6.77	2.563	69.35	17.34
RADIOLOGY	29	44	4,645.24	105.57	.306	160.18	32.26
ROOM USE	58	83	3,248.72	39.14	.576	56.01	22.56
CROSSOVERS/ALL OTH OUTPTNT	34	81	26,420.25	326.18	.563	777.07	183.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,771
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
144 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	698	\$	195,720.37	\$ 280.40	4.847	\$ 1846.42	\$ 1359.17
COMM HOSP INPATIENT TOTAL	21	54		155,860.15	2886.30	.375	7421.91	1082.36
HSC HOSPITALS	2	10		27,056.00	2705.60	.069	13528.00	187.89
NON-HSC HOSPITALS TOTAL	19	44		128,804.15	2927.37	.306	6779.17	894.47
ACCOMMODATIONS	19	44		25,113.58	570.76	.306	1321.77	174.40
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	44		25,113.58	570.76	.306	1321.77	174.40
ANCILLARIES	19	0		103,690.57	.00	.000	5457.40	720.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	644		39,860.22	61.89	4.472	458.16	276.81
MEDICAL	24	39		1,198.47	30.73	.271	49.94	8.32
SURGERY	21	28		1,851.11	66.11	.194	88.15	12.85
PATHOLOGY	36	369		2,496.43	6.77	2.563	69.35	17.34
RADIOLOGY	29	44		4,645.24	105.57	.306	160.18	32.26
ROOM USE	58	83		3,248.72	39.14	.576	56.01	22.56
CROSSOVERS/ALL OTH OUTPTNT	34	81		26,420.25	326.18	.563	777.07	183.47
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	17	\$	315.06	\$	18.53	.118	\$ 45.01	\$ 2.19
PATHOLOGY	7	17		315.06		18.53	.118	45.01	2.19
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	15	\$	1,104.66	\$	73.64	.104	\$ 138.08	\$ 7.67
CLINIC	1	6		265.59		44.27	.042	265.59	1.84
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9		839.07		93.23	.063	119.87	5.83

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 45 MIC - SOC

PAGE 14,772
01/17/03

						AID CODE		----- MONTHLY AVERAGE -----	
144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	14	55	\$ 803.66	\$ 14.61	.382	\$ 57.40	\$ 5.58		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	1	1	25.00	25.00	.007	25.00	.17		
MEDICAL TRANSPORTATION	7	41	662.66	16.16	.285	94.67	4.60		
AMBULANCES/AIR TRANS	7	41	662.66	16.16	.285	94.67	4.60		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	1	2	16.64	8.32	.014	16.64	.12		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	5	11	99.36	9.03	.076	19.87	.69		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	22	346	\$ 71,325.90	\$ 206.14	2.403	\$ 3242.09	\$ 495.32		
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

11,994 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,610	28,414	\$ 2,557,329.77	\$ 90.00	2.369	\$ 455.85	\$ 213.22
@PHYSICIANS SERVICES	1,735	5,004	\$ 258,444.17	\$ 51.65	.417	\$ 148.96	\$ 21.55
OUTPATIENT VISITS	1,110	1,509	53,190.53	35.25	.126	47.92	4.43
OFFICE VISITS	619	820	25,299.76	30.85	.068	40.87	2.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	461	533	21,593.32	40.51	.044	46.84	1.80
PREVENTIVE CARE	20	20	710.54	35.53	.002	35.53	.06
OB VISITS/COMPRE PERI	28	103	3,988.57	38.72	.009	142.45	.33
OTHER OUTPATIENT	30	33	1,598.34	48.43	.003	53.28	.13
INPATIENT VISITS	127	785	69,098.19	88.02	.065	544.08	5.76
HOSPITAL VISITS	111	458	19,877.72	43.40	.038	179.08	1.66
CRITICAL CARE	34	327	49,220.47	150.52	.027	1447.66	4.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	27	34	1,710.80	50.32	.003	63.36	.14
EXAMINATIONS	26	33	1,675.51	50.77	.003	64.44	.14
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	126	858	54,464.80	63.48	.072	432.26	4.54
PRINCIPAL SURGEON	78	104	41,556.96	399.59	.009	532.78	3.46
ASSISTANT SURGEON	13	14	1,947.34	139.10	.001	149.80	.16
ANESTHESIOLOGIST	57	740	10,960.50	14.81	.062	192.29	.91
OUTPATIENT SURGERY	150	412	27,528.00	66.82	.034	183.52	2.30
PRINCIPAL SURGEON	116	145	21,057.14	145.22	.012	181.53	1.76
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.01
ANESTHESIOLOGIST	41	266	6,336.09	23.82	.022	154.54	.53
DIALYSIS	11	11	2,871.98	261.09	.001	261.09	.24
PATHOLOGY	143	265	4,326.32	16.33	.022	30.25	.36
RADIOLOGY	426	737	21,931.01	29.76	.061	51.48	1.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	48	6,207.65	129.33	.004	200.25	.52
OTHER SERVICES/ALL X-OVERS	166	345	17,114.89	49.61	.029	103.10	1.43
@PHARMACY	2,111	5,973	\$ 239,019.10	\$ 40.02	.498	\$ 113.23	\$ 19.93
PRESCRIPTION DRUGS	2,087	4,271	232,778.06	54.50	.356	111.54	19.41
SNF/ICF	10	30	7,099.53	236.65	.003	709.95	.59
OUTPATIENTS	2,078	4,241	225,678.53	53.21	.354	108.60	18.82
MEDICAL SUPPLIES	61	1,702	6,241.04	3.67	.142	102.31	.52
@DENTIST	487	2,303	\$ 74,022.52	\$ 32.14	.192	\$ 152.00	\$ 6.17
VISITS - DIAGNOSTIC	366	1,570	25,102.54	15.99	.131	68.59	2.09
ORAL SURGERY	80	185	14,740.96	79.68	.015	184.26	1.23
DRUGS	7	8	36.68	4.59	.001	5.24	.00
ANESTHESIA	15	15	1,166.84	77.79	.001	77.79	.10
PERIODONTICS	2	2	245.00	122.50	.000	122.50	.02
ENDODONTICS	29	45	7,191.50	159.81	.004	247.98	.60
RESTORATIVE DENTISTRY	160	445	22,334.00	50.19	.037	139.59	1.86
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	7	720.00	102.86	.001	180.00	.06
MAXILLOFACIAL SERVICES	3	2	150.00	75.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.10
ORTHODONTIC SERVICES	11	12	1,135.00	94.58	.001	103.18	.09
ALL OTHER SERVICES	4	11	.00	.00	.001	.00	.00

SONOMA COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

	11,994 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	93		279	\$ 6,583.15	\$ 23.60	.023	\$ 70.79	\$.55
DIAGNOSTIC AND ANC. PROCED	67		69	3,064.50	44.41	.006	45.74	.26
EYE APPLIANCES	69		201	2,956.04	14.71	.017	42.84	.25
OTHER OPTOMETRIC SERVICES	9		9	562.61	62.51	.001	62.51	.05
@CHIROPRACTOR	2		4	\$ 66.88	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	2		4	66.88	16.72	.000	33.44	.01
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	2		6	\$ 190.81	\$ 31.80	.001	\$ 95.41	\$.02
MEDICINE/INJECTIONS	1		3	102.34	34.11	.000	102.34	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1		2	34.60	17.30	.000	34.60	.00
OTHER	1		1	53.87	53.87	.000	53.87	.00
@HOME HEALTH AGENCY	25		66	\$ 3,930.68	\$ 59.56	.006	\$ 157.23	\$.33
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	48		573	\$ 12,671.82	\$ 22.11	.048	\$ 264.00	\$ 1.06
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2		12	\$ 94.13	\$ 7.84	.001	\$ 47.07	\$.01
@TOTAL HOSPITAL	1,691		7,046	\$ 1,673,050.50	\$ 237.45	.587	\$ 989.39	\$ 139.49
HOSP INPATIENT TOTAL	127		767	1,471,265.08	1918.21	.064	11584.76	122.67
HSC HOSPITALS	19		127	188,281.40	1482.53	.011	9909.55	15.70
NON-HSC HOSPITAL TOTAL	108		640	1,282,983.68	2004.66	.053	11879.48	106.97
ACCOMMODATIONS	108		640	527,996.80	825.00	.053	4888.86	44.02
ADMINISTRATIVE DAYS	5		54	12,474.81	231.02	.005	2494.96	1.04
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	105		586	515,521.99	879.73	.049	4909.73	42.98
ANCILLARIES	108		0	754,986.88	.00	.000	6990.62	62.95
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,604		6,279	201,785.42	32.14	.524	125.80	16.82
MEDICAL	483		654	23,176.71	35.44	.055	47.98	1.93
SURGERY	133		154	7,281.05	47.28	.013	54.74	.61
PATHOLOGY	517		2,090	23,258.14	11.13	.174	44.99	1.94
RADIOLOGY	326		420	27,194.78	64.75	.035	83.42	2.27
ROOM USE	1,218		1,696	65,550.51	38.65	.141	53.82	5.47
CROSSOVERS/ALL OTH OUTPTNT	519		1,265	55,324.23	43.73	.105	106.60	4.61
@COUNTY HOSPITAL TOTAL	15		109	\$ 59,672.00	\$ 547.45	.009	\$ 3978.13	\$ 4.98
CO HOSPITAL INPATIENT TOTAL	2		43	57,905.00	1346.63	.004	28952.50	4.83
HSC HOSPITALS	2		43	57,905.00	1346.63	.004	28952.50	4.83
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13		66	1,767.00	26.77	.006	135.92	.15
MEDICAL	3		3	52.98	17.66	.000	17.66	.00
SURGERY	5		6	232.61	38.77	.001	46.52	.02
PATHOLOGY	6		23	539.94	23.48	.002	89.99	.05
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	8		14	718.96	51.35	.001	89.87	.06

	11,994 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,679	6,937	\$	1,613,378.50	\$ 232.58	.578	\$ 960.92	\$ 134.52
COMM HOSP INPATIENT TOTAL	125	724		1,413,360.08	1952.15	.060	11306.88	117.84
HSC HOSPITALS	17	84		130,376.40	1552.10	.007	7669.20	10.87
NON-HSC HOSPITALS TOTAL	108	640		1,282,983.68	2004.66	.053	11879.48	106.97
ACCOMMODATIONS	108	640		527,996.80	825.00	.053	4888.86	44.02
ADMINISTRATIVE DAYS	5	54		12,474.81	231.02	.005	2494.96	1.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	105	586		515,521.99	879.73	.049	4909.73	42.98
ANCILLARIES	108	0		754,986.88	.00	.000	6990.62	62.95
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,594	6,213		200,018.42	32.19	.518	125.48	16.68
MEDICAL	480	651		23,123.73	35.52	.054	48.17	1.93
SURGERY	128	148		7,048.44	47.62	.012	55.07	.59
PATHOLOGY	511	2,067		22,718.20	10.99	.172	44.46	1.89
RADIOLOGY	326	420		27,194.78	64.75	.035	83.42	2.27
ROOM USE	1,210	1,682		64,831.55	38.54	.140	53.58	5.41
CROSSOVERS/ALL OTH OUTPTNT	511	1,245		55,101.72	44.26	.104	107.83	4.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	14	167	\$	2,392.89	\$ 14.33	.014	\$ 170.92	\$.20
HOSPITAL BASED	0	1CR		54.21CR	54.21	.000	.00	.00
INDEPENDENT FACILITY	14	168		2,447.10	14.57	.014	174.79	.20
@LABORATORY FACILITY	440	1,247	\$	20,371.63	\$ 16.34	.104	\$ 46.30	\$ 1.70
PATHOLOGY	440	1,247		20,371.63	16.34	.104	46.30	1.70
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,270	2,585	\$	180,962.54	\$ 70.00	.216	\$ 142.49	\$ 15.09
CLINIC	305	1,078		24,835.64	23.04	.090	81.43	2.07
SURGICENTER	3	14		500.36	35.74	.001	166.79	.04
HEROIN DETOX CLINIC	1	17		203.82	11.99	.001	203.82	.02
RURAL HEALTH CLINIC	971	1,476		155,422.72	105.30	.123	160.06	12.96

11,994 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	380	3,149	\$ 85,528.95	\$ 27.16	.263	\$ 225.08	\$ 7.13
DURABLE MED. EQUIP.	22	446	26,537.72	59.50	.037	1206.26	2.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	91	1,887	28,343.36	15.02	.157	311.47	2.36
AMBULANCES/AIR TRANS	91	1,883	21,143.36	11.23	.157	232.34	1.76
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	7,200.00	1800.00	.000	1800.00	.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	56	56	4,305.00	76.88	.005	76.88	.36
IHMC,MODEL-NF,NF,AIDS,MSSP	1	1	19.75	19.75	.000	19.75	.00
OCCUPATIONAL THERAPIST	4	70	971.33	13.88	.006	242.83	.08
OPTICIAN	86	191	1,891.26	9.90	.016	21.99	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	28	4,537.23	162.04	.002	349.02	.38
PROSTHETICS	7	22	4,005.09	182.05	.002	572.16	.33
ORTHOTICS	6	6	532.14	88.69	.001	88.69	.04
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	55	12,004.00	218.25	.005	480.16	1.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3	2,364.46	788.15	.000	788.15	.20
LOCAL EDUCATION AGENCIES	83	411	4,529.84	11.02	.034	54.58	.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	251	2,235	\$ 823,085.83	\$ 368.27	.186	\$ 3279.23	\$ 68.62

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 14,777

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	4	24	\$ 1,012.92	\$ 42.21	8.000	\$ 253.23	\$ 337.64	
@PHYSICIANS SERVICES	1	2	\$ 84.75	\$ 42.38	.667	\$ 84.75	\$ 28.25	
OUTPATIENT VISITS	1	1	68.90	68.90	.333	68.90	22.97	
OFFICE VISITS	1	1	68.90	68.90	.333	68.90	22.97	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1	15.85	15.85	.333	15.85	5.28	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	3	6	\$ 134.59	\$ 22.43	2.000	\$ 44.86	\$ 44.86	
PRESCRIPTION DRUGS	3	6	134.59	22.43	2.000	44.86	44.86	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	3	6	134.59	22.43	2.000	44.86	44.86	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	3	14	\$ 762.00	\$ 54.43	4.667	\$ 254.00	\$ 254.00	
VISITS - DIAGNOSTIC	1	4	115.00	28.75	1.333	115.00	38.33	
ORAL SURGERY	1	3	270.00	90.00	1.000	270.00	90.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	3	7	377.00	53.86	2.333	125.67	125.67	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,778
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,779
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 31.58	\$ 15.79	.667	\$ 31.58	\$ 10.53
PATHOLOGY	1	2	31.58	15.79	.667	31.58	10.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,780
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,781
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	900	7,280	\$ 625,459.98	\$ 85.91	9.798	\$ 694.96	\$ 841.80
@PHYSICIANS SERVICES	366	1,445	\$ 75,228.50	\$ 52.06	1.945	\$ 205.54	\$ 101.25
OUTPATIENT VISITS	156	419	12,239.42	29.21	.564	78.46	16.47
OFFICE VISITS	59	74	2,156.56	29.14	.100	36.55	2.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	60	80	3,948.95	49.36	.108	65.82	5.31
PREVENTIVE CARE	1	1	68.73	68.73	.001	68.73	.09
OB VISITS/COMPRE PERI	54	264	6,065.18	22.97	.355	112.32	8.16

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	43	178	15,513.00	87.15	.240	360.77	20.88
HOSPITAL VISITS	40	83	3,790.64	45.67	.112	94.77	5.10
CRITICAL CARE	10	95	11,722.36	123.39	.128	1172.24	15.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	146.09	48.70	.004	73.05	.20
EXAMINATIONS	2	3	146.09	48.70	.004	73.05	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	398	32,827.71	82.48	.536	482.76	44.18
PRINCIPAL SURGEON	41	42	25,463.69	606.28	.057	621.07	34.27
ASSISTANT SURGEON	4	4	746.00	186.50	.005	186.50	1.00
ANESTHESIOLOGIST	32	352	6,618.02	18.80	.474	206.81	8.91
OUTPATIENT SURGERY	27	53	3,282.58	61.94	.071	121.58	4.42
PRINCIPAL SURGEON	21	26	2,510.98	96.58	.035	119.57	3.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	27	771.60	28.58	.036	77.16	1.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	60	105	1,693.75	16.13	.141	28.23	2.28
RADIOLOGY	134	199	6,461.70	32.47	.268	48.22	8.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	23	719.64	31.29	.031	59.97	.97
OTHER SERVICES/ALL X-OVERS	43	67	2,344.61	34.99	.090	54.53	3.16
@PHARMACY	241	580	\$ 16,359.82	\$ 28.21	.781	\$ 67.88	\$ 22.02
PRESCRIPTION DRUGS	236	535	14,176.41	26.50	.720	60.07	19.08
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	236	535	14,176.41	26.50	.720	60.07	19.08
MEDICAL SUPPLIES	16	45	2,183.41	48.52	.061	136.46	2.94
@DENTIST	40	150	\$ 5,767.00	\$ 38.45	.202	\$ 144.18	\$ 7.76
VISITS - DIAGNOSTIC	27	93	1,379.00	14.83	.125	51.07	1.86
ORAL SURGERY	10	18	728.00	40.44	.024	72.80	.98
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13

PERIODONTICS	1	1	200.00	200.00	.001	200.00	.27
ENDODONTICS	2	2	590.00	295.00	.003	295.00	.79
RESTORATIVE DENTISTRY	12	28	2,482.00	88.64	.038	206.83	3.34
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.009	288.00	.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,782
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						
					AID CODE		

743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	27	\$ 689.53	\$ 25.54	.036	\$ 76.61	\$.93
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.012	47.45	.57
EYE APPLIANCES	5	18	262.48	14.58	.024	52.50	.35
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	27	\$ 1,374.46	\$ 50.91	.036	\$ 98.18	\$ 1.85
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	102	1,391	\$ 26,269.00	\$ 18.88	1.872	\$ 257.54	\$ 35.36
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	348	1,967	\$ 420,394.14	\$ 213.72	2.647	\$ 1208.03	\$ 565.81
HOSP INPATIENT TOTAL	68	280	375,930.59	1342.61	.377	5528.39	505.96
HSC HOSPITALS	2	4	6,340.02	1585.01	.005	3170.01	8.53
NON-HSC HOSPITAL TOTAL	66	276	369,590.57	1339.10	.371	5599.86	497.43
ACCOMMODATIONS	66	276	150,194.79	544.18	.371	2275.68	202.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	66	276	150,194.79	544.18	.371	2275.68	202.15
ANCILLARIES	66	0	219,395.78	.00	.000	3324.18	295.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	312	1,687	44,463.55	26.36	2.271	142.51	59.84
MEDICAL	44	69	2,906.12	42.12	.093	66.05	3.91
SURGERY	40	74	2,764.38	37.36	.100	69.11	3.72
PATHOLOGY	167	607	7,923.70	13.05	.817	47.45	10.66
RADIOLOGY	93	105	6,277.71	59.79	.141	67.50	8.45
ROOM USE	171	309	11,804.02	38.20	.416	69.03	15.89
CROSSOVERS/ALL OTH OUTPTNT	133	523	12,787.62	24.45	.704	96.15	17.21
@COUNTY HOSPITAL TOTAL	3	8	\$ 232.77	\$ 29.10	.011	\$ 77.59	\$.31
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8	232.77	29.10	.011	77.59	.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	44.32	22.16	.003	44.32	.06
ROOM USE	3	4	169.56	42.39	.005	56.52	.23
CROSSOVERS/ALL OTH OUTPTNT	1	2	18.89	9.45	.003	18.89	.03
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT							
AID CODE							
----- MONTHLY AVERAGE -----							
743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	345	1,959	\$ 420,161.37	\$ 214.48	2.637	\$ 1217.86	\$ 565.49
COMM HOSP INPATIENT TOTAL	68	280	375,930.59	1342.61	.377	5528.39	505.96
HSC HOSPITALS	2	4	6,340.02	1585.01	.005	3170.01	8.53
NON-HSC HOSPITALS TOTAL	66	276	369,590.57	1339.10	.371	5599.86	497.43
ACCOMMODATIONS	66	276	150,194.79	544.18	.371	2275.68	202.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	66	276	150,194.79	544.18	.371	2275.68	202.15
ANCILLARIES	66	0	219,395.78	.00	.000	3324.18	295.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	309	1,679	44,230.78	26.34	2.260	143.14	59.53
MEDICAL	44	69	2,906.12	42.12	.093	66.05	3.91
SURGERY	40	74	2,764.38	37.36	.100	69.11	3.72
PATHOLOGY	167	607	7,923.70	13.05	.817	47.45	10.66
RADIOLOGY	92	103	6,233.39	60.52	.139	67.75	8.39
ROOM USE	168	305	11,634.46	38.15	.410	69.25	15.66
CROSSOVERS/ALL OTH OUTPTNT	132	521	12,768.73	24.51	.701	96.73	17.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 29.06	\$ 29.06	.001	\$ 29.06	\$.04
HOSPITAL BASED	1	1	29.06	29.06	.001	29.06	.04

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	210	544	\$	9,734.36	\$	17.89	.732	\$ 46.35	\$ 13.10
PATHOLOGY	210	544		9,734.36		17.89	.732	46.35	13.10
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	271	1,003	\$	55,276.61	\$	55.11	1.350	\$ 203.97	\$ 74.40
CLINIC	149	683		21,262.08		31.13	.919	142.70	28.62
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	127	320		34,014.53		106.30	.431	267.83	45.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,784
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

743 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	82	145	\$ 14,337.50	\$ 98.88	.195	\$ 174.85	\$ 19.30
DURABLE MED. EQUIP.	3	12	159.69	13.31	.016	53.23	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	40	2,768.78	69.22	.054	553.76	3.73
AMBULANCES/AIR TRANS	5	39	968.78	24.84	.052	193.76	1.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55	4,428.00	80.51	.074	80.51	5.96
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	233.74	10.16	.031	23.37	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9	703.91	78.21	.012	100.56	.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	7	9	703.91	78.21	.012	100.56	.95
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	6	6	6,043.38	1007.23	.008	1007.23	8.13
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 69.32CR	\$ 69.32	.001CR	\$.00	\$.09CR
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,785
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	904	7,304	\$ 626,472.90	\$ 85.77	9.791	\$ 693.00	\$ 839.78
@PHYSICIANS SERVICES	367	1,447	\$ 75,313.25	\$ 52.05	1.940	\$ 205.21	\$ 100.96

OUTPATIENT VISITS	157	420		12,308.32		29.31	.563	78.40	16.50
OFFICE VISITS	60	75		2,225.46		29.67	.101	37.09	2.98
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	60	80		3,948.95		49.36	.107	65.82	5.29
PREVENTIVE CARE	1	1		68.73		68.73	.001	68.73	.09
OB VISITS/COMPRE PERI	54	264		6,065.18		22.97	.354	112.32	8.13
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	43	178		15,513.00		87.15	.239	360.77	20.79
HOSPITAL VISITS	40	83		3,790.64		45.67	.111	94.77	5.08
CRITICAL CARE	10	95		11,722.36		123.39	.127	1172.24	15.71
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3		146.09		48.70	.004	73.05	.20
EXAMINATIONS	2	3		146.09		48.70	.004	73.05	.20
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	398		32,827.71		82.48	.534	482.76	44.00
PRINCIPAL SURGEON	41	42		25,463.69		606.28	.056	621.07	34.13
ASSISTANT SURGEON	4	4		746.00		186.50	.005	186.50	1.00
ANESTHESIOLOGIST	32	352		6,618.02		18.80	.472	206.81	8.87
OUTPATIENT SURGERY	27	53		3,282.58		61.94	.071	121.58	4.40
PRINCIPAL SURGEON	21	26		2,510.98		96.58	.035	119.57	3.37
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	10	27		771.60		28.58	.036	77.16	1.03
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	60	105		1,693.75		16.13	.141	28.23	2.27
RADIOLOGY	134	199		6,461.70		32.47	.267	48.22	8.66
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	24		735.49		30.65	.032	56.58	.99
OTHER SERVICES/ALL X-OVERS	43	67		2,344.61		34.99	.090	54.53	3.14
@PHARMACY	244	586	\$	16,494.41	\$	28.15	.786	67.60	22.11
PRESCRIPTION DRUGS	239	541		14,311.00		26.45	.725	59.88	19.18
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	239	541		14,311.00		26.45	.725	59.88	19.18
MEDICAL SUPPLIES	16	45		2,183.41		48.52	.060	136.46	2.93
@DENTIST	43	164	\$	6,529.00	\$	39.81	.220	151.84	8.75
VISITS - DIAGNOSTIC	28	97		1,494.00		15.40	.130	53.36	2.00
ORAL SURGERY	11	21		998.00		47.52	.028	90.73	1.34
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.13
PERIODONTICS	1	1		200.00		200.00	.001	200.00	.27
ENDODONTICS	2	2		590.00		295.00	.003	295.00	.79
RESTORATIVE DENTISTRY	15	35		2,859.00		81.69	.047	190.60	3.83
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.009	288.00	.39
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,786
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC								

						----- MONTHLY AVERAGE -----			
746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	9	27	\$ 689.53	\$ 25.54	.036	\$ 76.61	\$.92		
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.012	47.45	.57		

EYE APPLIANCES	5	18		262.48		14.58	.024	52.50	.35
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	14	27	\$	1,374.46	\$	50.91	.036	\$ 98.18	\$ 1.84
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	102	1,391	\$	26,269.00	\$	18.88	1.865	\$ 257.54	\$ 35.21
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	348	1,967	\$	420,394.14	\$	213.72	2.637	\$ 1208.03	\$ 563.53
HOSP INPATIENT TOTAL	68	280		375,930.59		1342.61	.375	5528.39	503.93
HSC HOSPITALS	2	4		6,340.02		1585.01	.005	3170.01	8.50
NON-HSC HOSPITAL TOTAL	66	276		369,590.57		1339.10	.370	5599.86	495.43
ACCOMMODATIONS	66	276		150,194.79		544.18	.370	2275.68	201.33
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	66	276		150,194.79		544.18	.370	2275.68	201.33
ANCILLARIES	66	0		219,395.78		.00	.000	3324.18	294.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	312	1,687		44,463.55		26.36	2.261	142.51	59.60
MEDICAL	44	69		2,906.12		42.12	.092	66.05	3.90
SURGERY	40	74		2,764.38		37.36	.099	69.11	3.71
PATHOLOGY	167	607		7,923.70		13.05	.814	47.45	10.62
RADIOLOGY	93	105		6,277.71		59.79	.141	67.50	8.42
ROOM USE	171	309		11,804.02		38.20	.414	69.03	15.82

CROSSEOVERS/ALL OTH OUTPTNT	133	523		12,787.62		24.45	.701	96.15	17.14
@COUNTY HOSPITAL TOTAL	3	8	\$	232.77	\$	29.10	.011	\$ 77.59	\$.31
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8		232.77		29.10	.011	77.59	.31
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	1	2		44.32		22.16	.003	44.32	.06
ROOM USE	3	4		169.56		42.39	.005	56.52	.23
CROSSEOVERS/ALL OTH OUTPTNT	1	2		18.89		9.45	.003	18.89	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,787
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	345	1,959	\$ 420,161.37	\$ 214.48	2.626	\$ 1217.86	\$ 563.22
COMM HOSP INPATIENT TOTAL	68	280	375,930.59	1342.61	.375	5528.39	503.93
HSC HOSPITALS	2	4	6,340.02	1585.01	.005	3170.01	8.50
NON-HSC HOSPITALS TOTAL	66	276	369,590.57	1339.10	.370	5599.86	495.43
ACCOMMODATIONS	66	276	150,194.79	544.18	.370	2275.68	201.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	66	276	150,194.79	544.18	.370	2275.68	201.33
ANCILLARIES	66	0	219,395.78	.00	.000	3324.18	294.10
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	309	1,679	44,230.78	26.34	2.251	143.14	59.29
MEDICAL	44	69	2,906.12	42.12	.092	66.05	3.90
SURGERY	40	74	2,764.38	37.36	.099	69.11	3.71
PATHOLOGY	167	607	7,923.70	13.05	.814	47.45	10.62
RADIOLOGY	92	103	6,233.39	60.52	.138	67.75	8.36
ROOM USE	168	305	11,634.46	38.15	.409	69.25	15.60
CROSSEOVERS/ALL OTH OUTPTNT	132	521	12,768.73	24.51	.698	96.73	17.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$	29.06	\$	29.06	.001	\$ 29.06	\$.04
HOSPITAL BASED	1	1		29.06		29.06	.001	29.06	.04
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	211	546	\$	9,765.94	\$	17.89	.732	\$ 46.28	\$ 13.09
PATHOLOGY	211	546		9,765.94		17.89	.732	46.28	13.09
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	271	1,003	\$	55,276.61	\$	55.11	1.345	\$ 203.97	\$ 74.10
CLINIC	149	683		21,262.08		31.13	.916	142.70	28.50
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	127	320		34,014.53		106.30	.429	267.83	45.60

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 14,788
01/17/03

	746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	82	145	\$	14,337.50	\$ 98.88	.194	\$ 174.85	\$ 19.22
DURABLE MED. EQUIP.	3	12		159.69	13.31	.016	53.23	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	40		2,768.78	69.22	.054	553.76	3.71
AMBULANCES/AIR TRANS	5	39		968.78	24.84	.052	193.76	1.30
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.001	1800.00	2.41
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55		4,428.00	80.51	.074	80.51	5.94
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	10	23		233.74	10.16	.031	23.37	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9		703.91	78.21	.012	100.56	.94
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	7	9		703.91	78.21	.012	100.56	.94
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	6	6		6,043.38	1007.23	.008	1007.23	8.10
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$	69.32CR	\$ 69.32	.001CR	\$.00	\$.09CR
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

PAGE 14,789
01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	65	1,597	\$ 136,233.91	\$ 85.31	28.018	\$ 2095.91	\$ 2390.07
@PHYSICIANS SERVICES	15	29	\$ 994.99	\$ 34.31	.509	\$ 66.33	\$ 17.46
OUTPATIENT VISITS	5	6	158.70	26.45	.105	31.74	2.78
OFFICE VISITS	4	5	114.10	22.82	.088	28.53	2.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.018	44.60	.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	19	600.14	31.59	.333	75.02	10.53
HOSPITAL VISITS	0	2CR	75.60CR	37.80	.035CR	.00	1.33CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	21	675.74	32.18	.368	84.47	11.86
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	28.29	28.29	.018	28.29	.50
PRINCIPAL SURGEON	1	1	28.29	28.29	.018	28.29	.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	207.86	69.29	.053	69.29	3.65
@PHARMACY	41	258	\$ 14,920.10	\$ 57.83	4.526	\$ 363.90	\$ 261.76
PRESCRIPTION DRUGS	41	242	14,786.60	61.10	4.246	360.65	259.41
SNF/ICF	28	201	13,929.49	69.30	3.526	497.48	244.38
OUTPATIENTS	13	41	857.11	20.91	.719	65.93	15.04
MEDICAL SUPPLIES	2	16	133.50	8.34	.281	66.75	2.34
@DENTIST	7	32	\$ 876.00	\$ 27.38	.561	\$ 125.14	\$ 15.37
VISITS - DIAGNOSTIC	7	22	340.00	15.45	.386	48.57	5.96
ORAL SURGERY	2	9	436.00	48.44	.158	218.00	7.65
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.018	100.00	1.75
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SONOMA COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	19	\$ 504.69	\$ 26.56	.333	\$ 168.23	\$ 8.85
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	19	504.69	26.56	.333	168.23	8.85
MEDICAL	1	1	67.27	67.27	.018	67.27	1.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	77.97	25.99	.053	38.99	1.37
RADIOLOGY	1	5	104.30	20.86	.088	104.30	1.83
ROOM USE	1	2	100.23	50.12	.035	100.23	1.76
CROSSOVERS/ALL OTH OUTPTNT	2	8	154.92	19.37	.140	77.46	2.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
57 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3	19	\$ 504.69	\$ 26.56	.333	\$ 168.23	\$ 8.85
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	19	504.69	26.56	.333	168.23	8.85
MEDICAL	1	1	67.27	67.27	.018	67.27	1.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	77.97	25.99	.053	38.99	1.37
RADIOLOGY	1	5	104.30	20.86	.088	104.30	1.83
ROOM USE	1	2	100.23	50.12	.035	100.23	1.76
CROSSTOVERS/ALL OTH OUTPTNT	2	8	154.92	19.37	.140	77.46	2.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	998	\$ 103,185.10	\$ 103.39	17.509	\$ 4299.38	\$ 1810.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	297	32,775.21	110.35	5.211	4682.17	575.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	701	70,409.89	100.44	12.298	4141.76	1235.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	10	\$ 101.39	\$ 10.14	.175	\$ 33.80	\$ 1.78
PATHOLOGY	3	10	101.39	10.14	.175	33.80	1.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 11.16	\$.00	.000	\$.00	\$.20
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	11.16	.00	.000	.00	.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,792
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC						

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	251	\$ 15,640.48	\$ 62.31	4.404	\$ 1737.83	\$ 274.39
DURABLE MED. EQUIP.	2	6	327.96	54.66	.105	163.98	5.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	117	748.26	6.40	2.053	249.42	13.13
AMBULANCES/AIR TRANS	3	117	748.26	6.40	2.053	249.42	13.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	42	3,718.79	88.54	.737	1859.40	65.24
PROSTHETICS	2	42	3,718.79	88.54	.737	1859.40	65.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	86	10,845.47	126.11	1.509	5422.74	190.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,793
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28	92	\$ 14,323.59	\$ 155.69	3.538	\$ 511.56	\$ 550.91
@PHYSICIANS SERVICES	11	16	\$ 846.67	\$ 52.92	.615	\$ 76.97	\$ 32.56
OUTPATIENT VISITS	7	10	670.96	67.10	.385	95.85	25.81
OFFICE VISITS	2	2	139.70	69.85	.077	69.85	5.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	8	531.26	66.41	.308	106.25	20.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	49.30	49.30	.038	49.30	1.90
HOSPITAL VISITS	1	1	49.30	49.30	.038	49.30	1.90
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	87.82	87.82	.038	87.82	3.38
PRINCIPAL SURGEON	1	1	87.82	87.82	.038	87.82	3.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.71	.71	.038	.71	.03
RADIOLOGY	1	1	27.06	27.06	.038	27.06	1.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	10.82	5.41	.077	5.41	.42
@PHARMACY	6	13	\$ 200.40	\$ 15.42	.500	\$ 33.40	\$ 7.71
PRESCRIPTION DRUGS	6	13	200.40	15.42	.500	33.40	7.71
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	6	13	200.40	15.42	.500	33.40	7.71
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	8	\$ 105.00	\$ 13.13	.308	\$ 35.00	\$ 4.04
VISITS - DIAGNOSTIC	1	5	.00	.00	.192	.00	.00
ORAL SURGERY	1	1	45.00	45.00	.038	45.00	1.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	60.00	30.00	.077	30.00	2.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,794
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.038	\$ 47.45	\$ 1.83
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.038	47.45	1.83
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	2	\$ 1,140.16	\$ 570.08	.077	\$ 1140.16	\$ 43.85
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	45	\$ 11,153.06	\$ 247.85	1.731	\$ 1394.13	\$ 428.96
HOSP INPATIENT TOTAL	2	7	9,634.78	1376.40	.269	4817.39	370.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	9,634.78	1376.40	.269	4817.39	370.57
ACCOMMODATIONS	2	7	1,546.39	220.91	.269	773.20	59.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,546.39	220.91	.269	773.20	59.48
ANCILLARIES	2	0	8,088.39	.00	.000	4044.20	311.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	38	1,518.28	39.95	1.462	253.05	58.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	4	293.47	73.37	.154	97.82	11.29
PATHOLOGY	3	15	166.89	11.13	.577	55.63	6.42
RADIOLOGY	2	3	501.08	167.03	.115	250.54	19.27
ROOM USE	4	8	437.88	54.74	.308	109.47	16.84
CROSSOVERS/ALL OTH OUTPTNT	3	8	118.96	14.87	.308	39.65	4.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,795
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	45	\$ 11,153.06	\$ 247.85	1.731	\$ 1394.13	\$ 428.96
COMM HOSP INPATIENT TOTAL	2	7	9,634.78	1376.40	.269	4817.39	370.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	9,634.78	1376.40	.269	4817.39	370.57
ACCOMMODATIONS	2	7	1,546.39	220.91	.269	773.20	59.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,546.39	220.91	.269	773.20	59.48
ANCILLARIES	2	0	8,088.39	.00	.000	4044.20	311.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	38	1,518.28	39.95	1.462	253.05	58.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	4	293.47	73.37	.154	97.82	11.29
PATHOLOGY	3	15	166.89	11.13	.577	55.63	6.42
RADIOLOGY	2	3	501.08	167.03	.115	250.54	19.27
ROOM USE	4	8	437.88	54.74	.308	109.47	16.84
CROSSOVERS/ALL OTH OUTPTNT	3	8	118.96	14.87	.308	39.65	4.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	4	\$ 788.00	\$ 197.00	.154	\$ 788.00	\$ 30.31
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	4	788.00	197.00	.154	788.00	30.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,796
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 42.85	\$ 14.28	.115	\$ 42.85	\$ 1.65
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	42.85	14.28	.115	42.85	1.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 14,797

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93	1,689	\$ 150,557.50	\$ 89.14	20.349	\$ 1618.90	\$ 1813.95
@PHYSICIANS SERVICES	26	45	\$ 1,841.66	\$ 40.93	.542	\$ 70.83	\$ 22.19
OUTPATIENT VISITS	12	16	829.66	51.85	.193	69.14	10.00
OFFICE VISITS	6	7	253.80	36.26	.084	42.30	3.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	9	575.86	63.98	.108	95.98	6.94
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	20	649.44	32.47	.241	72.16	7.82
HOSPITAL VISITS	1	1CR	26.30CR	26.30	.012CR	26.30CR	.32CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	21	675.74	32.18	.253	84.47	8.14
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	87.82	87.82	.012	87.82	1.06
PRINCIPAL SURGEON	1	1	87.82	87.82	.012	87.82	1.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	28.29	28.29	.012	28.29	.34
PRINCIPAL SURGEON	1	1	28.29	28.29	.012	28.29	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.71	.71	.012	.71	.01
RADIOLOGY	1	1	27.06	27.06	.012	27.06	.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	218.68	43.74	.060	43.74	2.63
@PHARMACY	47	271	\$ 15,120.50	\$ 55.80	3.265	\$ 321.71	\$ 182.17
PRESCRIPTION DRUGS	47	255	14,987.00	58.77	3.072	318.87	180.57
SNF/ICF	28	201	13,929.49	69.30	2.422	497.48	167.83
OUTPATIENTS	19	54	1,057.51	19.58	.651	55.66	12.74
MEDICAL SUPPLIES	2	16	133.50	8.34	.193	66.75	1.61
@DENTIST	10	40	\$ 981.00	\$ 24.53	.482	\$ 98.10	\$ 11.82
VISITS - DIAGNOSTIC	8	27	340.00	12.59	.325	42.50	4.10
ORAL SURGERY	3	10	481.00	48.10	.120	160.33	5.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.012	100.00	1.20

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	60.00	30.00	.024	30.00	.72
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,798
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.012	\$ 47.45	\$.57
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.012	47.45	.57
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	2	\$ 1,140.16	\$ 570.08	.024	\$ 1140.16	\$ 13.74
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	11	64	\$ 11,657.75	\$ 182.15	.771	\$ 1059.80	\$ 140.45
HOSP INPATIENT TOTAL	2	7	9,634.78	1376.40	.084	4817.39	116.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	9,634.78	1376.40	.084	4817.39	116.08
ACCOMMODATIONS	2	7	1,546.39	220.91	.084	773.20	18.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,546.39	220.91	.084	773.20	18.63
ANCILLARIES	2	0	8,088.39	.00	.000	4044.20	97.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	57	2,022.97	35.49	.687	224.77	24.37
MEDICAL	1	1	67.27	67.27	.012	67.27	.81
SURGERY	3	4	293.47	73.37	.048	97.82	3.54
PATHOLOGY	5	18	244.86	13.60	.217	48.97	2.95
RADIOLOGY	3	8	605.38	75.67	.096	201.79	7.29
ROOM USE	5	10	538.11	53.81	.120	107.62	6.48
CROSSOVERS/ALL OTH OUTPTNT	5	16	273.88	17.12	.193	54.78	3.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,799
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	64	\$ 11,657.75	\$ 182.15	.771	\$ 1059.80	\$ 140.45
COMM HOSP INPATIENT TOTAL	2	7	9,634.78	1376.40	.084	4817.39	116.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	9,634.78	1376.40	.084	4817.39	116.08
ACCOMMODATIONS	2	7	1,546.39	220.91	.084	773.20	18.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,546.39	220.91	.084	773.20	18.63
ANCILLARIES	2	0	8,088.39	.00	.000	4044.20	97.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	57	2,022.97	35.49	.687	224.77	24.37
MEDICAL	1	1	67.27	67.27	.012	67.27	.81
SURGERY	3	4	293.47	73.37	.048	97.82	3.54
PATHOLOGY	5	18	244.86	13.60	.217	48.97	2.95
RADIOLOGY	3	8	605.38	75.67	.096	201.79	7.29
ROOM USE	5	10	538.11	53.81	.120	107.62	6.48
CROSSOVERS/ALL OTH OUTPTNT	5	16	273.88	17.12	.193	54.78	3.30
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	998	\$ 103,185.10	\$ 103.39	12.024	\$ 4299.38	\$ 1243.19
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	297	32,775.21	110.35	3.578	4682.17	394.88
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	701	70,409.89	100.44	8.446	4141.76	848.31
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	10	\$	101.39	\$	10.14	.120	\$ 33.80	\$ 1.22
PATHOLOGY	3	10		101.39		10.14	.120	33.80	1.22
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	4	\$	799.16	\$	199.79	.048	\$ 799.16	\$ 9.63
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	4		799.16		199.79	.048	799.16	9.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,800
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	254	\$ 15,683.33	\$ 61.75	3.060	\$ 1568.33	\$ 188.96
DURABLE MED. EQUIP.	2	6	327.96	54.66	.072	163.98	3.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	117	748.26	6.40	1.410	249.42	9.02
AMBULANCES/AIR TRANS	3	117	748.26	6.40	1.410	249.42	9.02
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	42.85	14.28	.036	42.85	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	42	3,718.79	88.54	.506	1859.40	44.80
PROSTHETICS	2	42	3,718.79	88.54	.506	1859.40	44.80
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	86	10,845.47	126.11	1.036	5422.74	130.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,801
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,802
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,803
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,804
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,805
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	997	8,993	\$ 777,030.40	\$ 86.40	10.848	\$ 779.37	\$ 937.31
@PHYSICIANS SERVICES	393	1,492	\$ 77,154.91	\$ 51.71	1.800	\$ 196.32	\$ 93.07
OUTPATIENT VISITS	169	436	13,137.98	30.13	.526	77.74	15.85
OFFICE VISITS	66	82	2,479.26	30.23	.099	37.56	2.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	66	89	4,524.81	50.84	.107	68.56	5.46
PREVENTIVE CARE	1	1	68.73	68.73	.001	68.73	.08
OB VISITS/COMPRE PERI	54	264	6,065.18	22.97	.318	112.32	7.32
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	52	198	16,162.44	81.63	.239	310.82	19.50
HOSPITAL VISITS	41	82	3,764.34	45.91	.099	91.81	4.54
CRITICAL CARE	10	95	11,722.36	123.39	.115	1172.24	14.14
SNF/ICF/TRANS IP CARE	8	21	675.74	32.18	.025	84.47	.82
OPHTHALMOLOGICAL SERVICES	2	3	146.09	48.70	.004	73.05	.18
EXAMINATIONS	2	3	146.09	48.70	.004	73.05	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	69	399	32,915.53	82.50	.481	477.04	39.71
PRINCIPAL SURGEON	42	43	25,551.51	594.22	.052	608.37	30.82
ASSISTANT SURGEON	4	4	746.00	186.50	.005	186.50	.90
ANESTHESIOLOGIST	32	352	6,618.02	18.80	.425	206.81	7.98
OUTPATIENT SURGERY	28	54	3,310.87	61.31	.065	118.25	3.99
PRINCIPAL SURGEON	22	27	2,539.27	94.05	.033	115.42	3.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	27	771.60	28.58	.033	77.16	.93
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	61	106	1,694.46	15.99	.128	27.78	2.04
RADIOLOGY	135	200	6,488.76	32.44	.241	48.06	7.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	24	735.49	30.65	.029	56.58	.89
OTHER SERVICES/ALL X-OVERS	48	72	2,563.29	35.60	.087	53.40	3.09
@PHARMACY	291	857	\$ 31,614.91	\$ 36.89	1.034	\$ 108.64	\$ 38.14
PRESCRIPTION DRUGS	286	796	29,298.00	36.81	.960	102.44	35.34
SNF/ICF	28	201	13,929.49	69.30	.242	497.48	16.80
OUTPATIENTS	258	595	15,368.51	25.83	.718	59.57	18.54
MEDICAL SUPPLIES	18	61	2,316.91	37.98	.074	128.72	2.79
@DENTIST	53	204	\$ 7,510.00	\$ 36.81	.246	\$ 141.70	\$ 9.06
VISITS - DIAGNOSTIC	36	124	1,834.00	14.79	.150	50.94	2.21
ORAL SURGERY	14	31	1,479.00	47.71	.037	105.64	1.78
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.24
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.24
ENDODONTICS	2	2	590.00	295.00	.002	295.00	.71
RESTORATIVE DENTISTRY	17	37	2,919.00	78.89	.045	171.71	3.52
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.008	288.00	.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SONOMA COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	28	\$ 736.98	\$ 26.32	.034	\$ 73.70	\$.89
DIAGNOSTIC AND ANC. PROCED	10	10	474.50	47.45	.012	47.45	.57
EYE APPLIANCES	5	18	262.48	14.58	.022	52.50	.32
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	27	\$ 1,374.46	\$ 50.91	.033	\$ 98.18	\$ 1.66
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	103	1,393	\$ 27,409.16	\$ 19.68	1.680	\$ 266.11	\$ 33.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	359	2,031	\$ 432,051.89	\$ 212.73	2.450	\$ 1203.49	\$ 521.17
HOSP INPATIENT TOTAL	70	287	385,565.37	1343.43	.346	5508.08	465.10
HSC HOSPITALS	2	4	6,340.02	1585.01	.005	3170.01	7.65
NON-HSC HOSPITAL TOTAL	68	283	379,225.35	1340.02	.341	5576.84	457.45
ACCOMMODATIONS	68	283	151,741.18	536.19	.341	2231.49	183.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	68	283	151,741.18	536.19	.341	2231.49	183.04
ANCILLARIES	68	0	227,484.17	.00	.000	3345.36	274.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	321	1,744	46,486.52	26.66	2.104	144.82	56.08
MEDICAL	45	70	2,973.39	42.48	.084	66.08	3.59
SURGERY	43	78	3,057.85	39.20	.094	71.11	3.69
PATHOLOGY	172	625	8,168.56	13.07	.754	47.49	9.85
RADIOLOGY	96	113	6,883.09	60.91	.136	71.70	8.30
ROOM USE	176	319	12,342.13	38.69	.385	70.13	14.89
CROSSOVERS/ALL OTH OUTPTNT	138	539	13,061.50	24.23	.650	94.65	15.76
@COUNTY HOSPITAL TOTAL	3	8	232.77	29.10	.010	77.59	.28
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8	232.77	29.10	.010	77.59	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	44.32	22.16	.002	44.32	.05
ROOM USE	3	4	169.56	42.39	.005	56.52	.20
CROSSOVERS/ALL OTH OUTPTNT	1	2	18.89	9.45	.002	18.89	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,807
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	356	2,023	\$ 431,819.12	\$ 213.45	2.440	\$ 1212.98	\$ 520.89
COMM HOSP INPATIENT TOTAL	70	287	385,565.37	1343.43	.346	5508.08	465.10
HSC HOSPITALS	2	4	6,340.02	1585.01	.005	3170.01	7.65
NON-HSC HOSPITALS TOTAL	68	283	379,225.35	1340.02	.341	5576.84	457.45
ACCOMMODATIONS	68	283	151,741.18	536.19	.341	2231.49	183.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	68	283	151,741.18	536.19	.341	2231.49	183.04
ANCILLARIES	68	0	227,484.17	.00	.000	3345.36	274.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	318	1,736	46,253.75	26.64	2.094	145.45	55.79
MEDICAL	45	70	2,973.39	42.48	.084	66.08	3.59
SURGERY	43	78	3,057.85	39.20	.094	71.11	3.69
PATHOLOGY	172	625	8,168.56	13.07	.754	47.49	9.85
RADIOLOGY	95	111	6,838.77	61.61	.134	71.99	8.25
ROOM USE	173	315	12,172.57	38.64	.380	70.36	14.68
CROSSOVERS/ALL OTH OUTPTNT	137	537	13,042.61	24.29	.648	95.20	15.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	998	\$ 103,185.10	\$ 103.39	1.204	\$ 4299.38	\$ 124.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	297	32,775.21	110.35	.358	4682.17	39.54
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	701	70,409.89	100.44	.846	4141.76	84.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 29.06	\$ 29.06	.001	\$ 29.06	\$.04
HOSPITAL BASED	1	1	29.06	29.06	.001	29.06	.04
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	214	556	\$ 9,867.33	\$ 17.75	.671	\$ 46.11	\$ 11.90
PATHOLOGY	214	556	9,867.33	17.75	.671	46.11	11.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	272	1,007	\$ 56,075.77	\$ 55.69	1.215	\$ 206.16	\$ 67.64
CLINIC	149	683	21,262.08	31.13	.824	142.70	25.65
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	128	324	34,813.69	107.45	.391	271.98	41.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,808
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	92	399	\$ 30,020.83	\$ 75.24	.481	\$ 326.31	\$ 36.21
DURABLE MED. EQUIP.	5	18	487.65	27.09	.022	97.53	.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	157	3,517.04	22.40	.189	439.63	4.24
AMBULANCES/AIR TRANS	8	156	1,717.04	11.01	.188	214.63	2.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55	4,428.00	80.51	.066	80.51	5.34
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	26	276.59	10.64	.031	25.14	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	51	4,422.70	86.72	.062	491.41	5.33
PROSTHETICS	2	42	3,718.79	88.54	.051	1859.40	4.49
ORTHOTICS	7	9	703.91	78.21	.011	100.56	.85
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	86	10,845.47	126.11	.104	5422.74	13.08
NONINST BIRTHING CENTERS	6	6	6,043.38	1007.23	.007	1007.23	7.29
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 69.32CR	\$ 69.32	.001CR\$	.00	\$.08CR

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,809
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	44,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33,472	757,031	\$	37,550,015.94	\$ 49.60	16.893	\$ 1121.83	\$ 837.95
@PHYSICIANS SERVICES	5,266	20,448	\$	361,913.74	\$ 17.70	.456	\$ 68.73	\$ 8.08
OUTPATIENT VISITS	386	594		25,092.36	42.24	.013	65.01	.56
OFFICE VISITS	282	387		15,301.57	39.54	.009	54.26	.34
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	116	141		9,326.24	66.14	.003	80.40	.21
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	63		389.83	6.19	.001	64.97	.01
OTHER OUTPATIENT	3	3		74.72	24.91	.000	24.91	.00
INPATIENT VISITS	86	357		17,202.57	48.19	.008	200.03	.38
HOSPITAL VISITS	72	292		12,243.62	41.93	.007	170.05	.27
CRITICAL CARE	11	42		4,143.90	98.66	.001	376.72	.09
SNF/ICF/TRANS IP CARE	17	23		815.05	35.44	.001	47.94	.02
OPHTHALMOLOGICAL SERVICES	60	72		3,307.72	45.94	.002	55.13	.07
EXAMINATIONS	59	71		3,281.25	46.21	.002	55.61	.07
SERVICES AND MATERIALS	1	1		26.47	26.47	.000	26.47	.00
INPATIENT HOSPITAL SURGERY	46	254		18,433.34	72.57	.006	400.72	.41
PRINCIPAL SURGEON	31	46		13,250.36	288.05	.001	427.43	.30
ASSISTANT SURGEON	6	6		1,082.84	180.47	.000	180.47	.02
ANESTHESIOLOGIST	19	202		4,100.14	20.30	.005	215.80	.09
OUTPATIENT SURGERY	106	336		43,490.52	129.44	.007	410.29	.97
PRINCIPAL SURGEON	87	113		38,661.32	342.14	.003	444.38	.86
ASSISTANT SURGEON	4	4		370.45	92.61	.000	92.61	.01
ANESTHESIOLOGIST	35	219		4,458.75	20.36	.005	127.39	.10
DIALYSIS	8	13		2,022.17	155.55	.000	252.77	.05
PATHOLOGY	80	147		2,760.48	18.78	.003	34.51	.06
RADIOLOGY	299	685		31,660.87	46.22	.015	105.89	.71
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	78		9,226.53	118.29	.002	659.04	.21
OTHER SERVICES/ALL X-OVERS	4,636	17,912		208,717.18	11.65	.400	45.02	4.66
@PHARMACY	27,404	246,353	\$	6,503,515.68	\$ 26.40	5.497	\$ 237.32	\$ 145.13
PRESCRIPTION DRUGS	27,124	114,745		6,314,879.23	55.03	2.561	232.82	140.92
SNF/ICF	7,272	42,239		2,033,848.62	48.15	.943	279.68	45.39
OUTPATIENTS	20,003	72,506		4,281,030.61	59.04	1.618	214.02	95.53
MEDICAL SUPPLIES	1,954	131,608		188,636.45	1.43	2.937	96.54	4.21
@DENTIST	1,674	5,648	\$	284,808.79	\$ 50.43	.126	\$ 170.14	\$ 6.36
VISITS - DIAGNOSTIC	1,180	3,485		55,680.52	15.98	.078	47.19	1.24
ORAL SURGERY	204	595		32,022.66	53.82	.013	156.97	.71
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	8	8		700.00	87.50	.000	87.50	.02
PERIODONTICS	55	59		8,215.00	139.24	.001	149.36	.18
ENDODONTICS	50	63		12,057.00	191.38	.001	241.14	.27
RESTORATIVE DENTISTRY	305	670		64,158.00	95.76	.015	210.35	1.43
PROSTHETICS	14	14		300.00	21.43	.000	21.43	.01
DENTURES, STAYPLATES	300	747		111,625.61	149.43	.017	372.09	2.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	7	50.00	7.14	.000	10.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,810
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	44,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	632		1,877	\$ 33,887.35	\$ 18.05	.042	\$ 53.62	\$.76
DIAGNOSTIC AND ANC. PROCED	95		102	4,495.02	44.07	.002	47.32	.10
EYE APPLIANCES	529		1,547	25,462.23	16.46	.035	48.13	.57
OTHER OPTOMETRIC SERVICES	108		228	3,930.10	17.24	.005	36.39	.09
@CHIROPRACTOR	6		16	\$ 228.06	\$ 14.25	.000	\$ 38.01	\$.01
VISITS	3		9	150.48	16.72	.000	50.16	.00
OTHER SERVICES	3		7	77.58	11.08	.000	25.86	.00
@PODIATRIST	1,343		2,877	\$ 17,906.62	\$ 6.22	.064	\$ 13.33	\$.40
MEDICINE/INJECTIONS	8		8	277.70	34.71	.000	34.71	.01
SURGERY/ANES.	6		17	385.79	22.69	.000	64.30	.01
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	1,332		2,852	17,243.13	6.05	.064	12.95	.38
@HOME HEALTH AGENCY	13		100	\$ 7,083.64	\$ 70.84	.002	\$ 544.90	\$.16
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,969		18,545	\$ 2,059,668.48	\$ 111.06	.414	\$ 518.94	\$ 45.96
HOSP INPATIENT TOTAL	562		3,716	1,721,100.28	463.16	.083	3062.46	38.41
HSC HOSPITALS	8		41	57,336.33	1398.45	.001	7167.04	1.28
NON-HSC HOSPITAL TOTAL	108		552	1,295,904.55	2347.65	.012	11999.12	28.92
ACCOMMODATIONS	108		552	330,790.12	599.26	.012	3062.87	7.38
ADMINISTRATIVE DAYS	9		60	11,917.68	198.63	.001	1324.19	.27
TRANSITIONAL IP CARE	0		0	478.24	.00	.000	.00	.01
ALL OTHER ACCOM	102		492	318,394.20	647.14	.011	3121.51	7.11
ANCILLARIES	107		0	965,114.43	.00	.000	9019.76	21.54
INPATIENT CROSSOVERS	446		3,123	367,859.41	117.79	.070	824.80	8.21
ALL OTHER INPATIENT	0		0	.01CR	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,579		14,829	338,568.20	22.83	.331	94.60	7.56
MEDICAL	304		481	16,568.11	34.45	.011	54.50	.37
SURGERY	47		56	4,471.95	79.86	.001	95.15	.10
PATHOLOGY	344		1,287	15,576.91	12.10	.029	45.28	.35
RADIOLOGY	221		328	24,622.57	75.07	.007	111.41	.55
ROOM USE	327		489	20,394.07	41.71	.011	62.37	.46
CROSSOVERS/ALL OTH OUTPTNT	3,125		12,188	256,934.59	21.08	.272	82.22	5.73
@COUNTY HOSPITAL TOTAL	4		22	\$ 7,498.59	\$ 340.85	.000	\$ 1874.65	\$.17
CO HOSPITAL INPATIENT TOTAL	1		7	7,212.04	1030.29	.000	7212.04	.16
HSC HOSPITALS	1		7	7,212.04	1030.29	.000	7212.04	.16
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	3	15	286.55	19.10	.000	95.52	.01
MEDICAL	1	2	35.78	17.89	.000	35.78	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	63.62	7.95	.000	63.62	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	187.15	37.43	.000	62.38	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
44,812 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,965	18,523	\$ 2,052,169.89	\$ 110.79	.413	\$ 517.57	\$ 45.80
COMM HOSP INPATIENT TOTAL	561	3,709	1,713,888.24	462.09	.083	3055.06	38.25
HSC HOSPITALS	7	34	50,124.29	1474.24	.001	7160.61	1.12
NON-HSC HOSPITALS TOTAL	108	552	1,295,904.55	2347.65	.012	11999.12	28.92
ACCOMMODATIONS	108	552	330,790.12	599.26	.012	3062.87	7.38
ADMINISTRATIVE DAYS	9	60	11,917.68	198.63	.001	1324.19	.27
TRANSITIONAL IP CARE	0	0	478.24	.00	.000	.00	.01
ALL OTHER ACCOM	102	492	318,394.20	647.14	.011	3121.51	7.11
ANCILLARIES	107	0	965,114.43	.00	.000	9019.76	21.54
INPATIENT CROSSOVERS	446	3,123	367,859.41	117.79	.070	824.80	8.21
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,576	14,814	338,281.65	22.84	.331	94.60	7.55
MEDICAL	303	479	16,532.33	34.51	.011	54.56	.37
SURGERY	47	56	4,471.95	79.86	.001	95.15	.10
PATHOLOGY	343	1,279	15,513.29	12.13	.029	45.23	.35
RADIOLOGY	221	328	24,622.57	75.07	.007	111.41	.55
ROOM USE	327	489	20,394.07	41.71	.011	62.37	.46
CROSSOVERS/ALL OTH OUTPTNT	3,122	12,183	256,747.44	21.07	.272	82.24	5.73
@STATE HOSPITAL	72	2,181	\$ 942,841.02	\$ 432.30	.049	\$ 13095.01	\$ 21.04

MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	72	2,181	942,841.02	432.30	.049	13095.01	21.04	
@NURSING FACILITY	8,469	267,298	\$ 24,840,146.68	\$ 92.93	5.965	\$ 2933.07	\$ 554.32	
LEV A-INTERMEDIATE	2	52	4,947.04	95.14	.001	2473.52	.11	
LEV B-REHAB MD	16	840	81,103.30	96.55	.019	5068.96	1.81	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	8	298	124,150.58	416.61	.007	15518.82	2.77	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	8,449	266,108	24,629,945.76	92.56	5.938	2915.13	549.63	
@INTERMEDIATE CARE FACIL.-DD	58	1,873	\$ 262,797.40	\$ 140.31	.042	\$ 4530.99	\$ 5.86	
ICF DDH	49	1,571	213,485.75	135.89	.035	4356.85	4.76	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	9	302	49,311.65	163.28	.007	5479.07	1.10	
@HEMODIALYSIS TOTAL	142	359	\$ 99,943.12	\$ 278.39	.008	\$ 703.82	\$ 2.23	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	142	359	99,943.12	278.39	.008	703.82	2.23	
@REHABILITATION FACILITY	1	1	\$ 29.06	\$ 29.06	.000	\$ 29.06	\$.00	
HOSPITAL BASED	1	1	29.06	29.06	.000	29.06	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	252	1,068	\$ 11,525.77	\$ 10.79	.024	\$ 45.74	\$.26	
PATHOLOGY	241	1,053	11,336.93	10.77	.023	47.04	.25	
XO AND OTHERS	11	15	188.84	12.59	.000	17.17	.00	
@ORGANIZED OUTPATIENT CLINIC	2,233	3,576	\$ 208,575.10	\$ 58.33	.080	\$ 93.41	\$ 4.65	
CLINIC	7	16	324.10	20.26	.000	46.30	.01	
SURGICENTER	162	247	35,074.44	142.00	.006	216.51	.78	
HEROIN DETOX CLINIC	1	8	120.21	15.03	.000	120.21	.00	
RURAL HEALTH CLINIC	2,077	3,305	173,056.35	52.36	.074	83.32	3.86	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 14,812
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 55 ALL AGED							

					----- MONTHLY AVERAGE -----			
44,812 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,745	184,811	\$ 1,915,145.43	\$ 10.36	4.124	\$ 333.36	\$ 42.74	
DURABLE MED. EQUIP.	360	1,634	267,101.90	163.47	.036	741.95	5.96	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	134	205	29,611.86	144.45	.005	220.98	.66	
MEDICAL TRANSPORTATION	1,394	38,863	199,436.64	5.13	.867	143.07	4.45	
AMBULANCES/AIR TRANS	65	676	10,354.81	15.32	.015	159.30	.23	
OTHER TRANS	688	31,503	136,272.21	4.33	.703	198.07	3.04	
OTHER SERVICES	720	6,684	52,809.62	7.90	.149	73.35	1.18	
ACUPUNCTURE	36	92	1,609.81	17.50	.002	44.72	.04	
ADULT DAY HEALTH CARE CTR	236	2,537	169,183.58	66.69	.057	716.88	3.78	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,248	7,381	493,303.06	66.83	.165	395.27	11.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	766	1,836	23,723.55	12.92	.041	30.97	.53	
PHYSICAL THERAPIST	4	22	127.85	5.81	.000	31.96	.00	
PORTABLE X-RAY	30	51	71.36	1.40	.001	2.38	.00	
PROSTHETIST/ORTHOTISTS	14	27	588.15	21.78	.001	42.01	.01	
PROSTHETICS	13	25	508.25	20.33	.001	39.10	.01	
ORTHOTICS	1	2	79.90	39.95	.000	79.90	.00	
PSYCHOLOGIST	86	125	1,088.51	8.71	.003	12.66	.02	
SPEECH AND AUDIOLOGY	201	465	27,216.64	58.53	.010	135.41	.61	
HOSPICE SERVICES	228	6,105	586,322.08	96.04	.136	2571.59	13.08	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,955	125,468	115,760.44	.92	2.800	59.21	2.58
@CALIF. CHILDREN SERVICES*	1	1	\$ 245.16	\$ 245.16	.000	\$ 245.16	\$.01
@XOVER EXCLUDING STATE HOSP**	10,419	121,468	\$ 1,588,694.97	\$ 13.08	2.711	\$ 152.48	\$ 35.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

	2,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,032	141,436	\$	2,032,626.35	\$ 14.37	48.272	\$ 1000.31	\$ 693.73
@PHYSICIANS SERVICES	500	1,729	\$	65,458.81	\$ 37.86	.590	\$ 130.92	\$ 22.34
OUTPATIENT VISITS	191	304		11,159.09	36.71	.104	58.42	3.81
OFFICE VISITS	157	239		7,401.52	30.97	.082	47.14	2.53
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	40	50		3,098.80	61.98	.017	77.47	1.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15		658.77	43.92	.005	59.89	.22
INPATIENT VISITS	47	303		10,602.34	34.99	.103	225.58	3.62
HOSPITAL VISITS	46	293		9,412.46	32.12	.100	204.62	3.21
CRITICAL CARE	2	10		1,189.88	118.99	.003	594.94	.41
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	31	40		1,846.63	46.17	.014	59.57	.63
EXAMINATIONS	30	39		1,811.34	46.44	.013	60.38	.62
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	17	83		6,636.52	79.96	.028	390.38	2.27
PRINCIPAL SURGEON	13	19		4,729.82	248.94	.006	363.83	1.61
ASSISTANT SURGEON	1	1		238.27	238.27	.000	238.27	.08
ANESTHESIOLOGIST	9	63		1,668.43	26.48	.022	185.38	.57
OUTPATIENT SURGERY	40	120		10,422.31	86.85	.041	260.56	3.56
PRINCIPAL SURGEON	24	34		7,240.63	212.96	.012	301.69	2.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	86		3,181.68	37.00	.029	176.76	1.09
DIALYSIS	3	20		797.14	39.86	.007	265.71	.27
PATHOLOGY	29	55		892.34	16.22	.019	30.77	.30
RADIOLOGY	75	130		6,112.38	47.02	.044	81.50	2.09
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	13		424.75	32.67	.004	53.09	.14
OTHER SERVICES/ALL X-OVERS	269	661		16,565.31	25.06	.226	61.58	5.65
@PHARMACY	1,617	38,791	\$	478,608.66	\$ 12.34	13.239	\$ 295.99	\$ 163.35
PRESCRIPTION DRUGS	1,582	6,469		428,444.76	66.23	2.208	270.82	146.23
SNF/ICF	49	265		17,130.72	64.64	.090	349.61	5.85
OUTPATIENTS	1,536	6,204		411,314.04	66.30	2.117	267.78	140.38
MEDICAL SUPPLIES	273	32,322		50,163.90	1.55	11.031	183.75	17.12
@DENTIST	139	528	\$	24,492.50	\$ 46.39	.180	\$ 176.21	\$ 8.36
VISITS - DIAGNOSTIC	102	328		5,187.00	15.81	.112	50.85	1.77
ORAL SURGERY	20	77		4,022.00	52.23	.026	201.10	1.37
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.07

PERIODONTICS	6	13	1,680.00	129.23	.004	280.00	.57
ENDODONTICS	6	10	2,580.00	258.00	.003	430.00	.88
RESTORATIVE DENTISTRY	30	67	6,020.50	89.86	.023	200.68	2.05
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	12	29	4,773.00	164.59	.010	397.75	1.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,814
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND						

2,930 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	64	\$	2,858.31	\$ 44.66	.022	\$ 105.86	\$.98
DIAGNOSTIC AND ANC. PROCED	5	5		230.80	46.16	.002	46.16	.08
EYE APPLIANCES	17	51		2,157.67	42.31	.017	126.92	.74
OTHER OPTOMETRIC SERVICES	7	8		469.84	58.73	.003	67.12	.16
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	53	95	\$	715.95	\$ 7.54	.032	\$ 13.51	\$.24
MEDICINE/INJECTIONS	7	8		210.00	26.25	.003	30.00	.07
SURGERY/ANES.	1	1		27.18	27.18	.000	27.18	.01
RADIO./PATHOLOGY	2	3		60.54	20.18	.001	30.27	.02
OTHER	46	83		418.23	5.04	.028	9.09	.14
@HOME HEALTH AGENCY	58	4,251	\$	139,724.50	\$ 32.87	1.451	\$ 2409.04	\$ 47.69
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	456	3,225	\$	459,748.15	\$ 142.56	1.101	\$ 1008.22	\$ 156.91
HOSP INPATIENT TOTAL	58	343		397,400.32	1158.60	.117	6851.73	135.63
HSC HOSPITALS	5	41		55,100.00	1343.90	.014	11020.00	18.81
NON-HSC HOSPITAL TOTAL	23	146		317,364.88	2173.73	.050	13798.47	108.32
ACCOMMODATIONS	23	146		77,685.75	532.09	.050	3377.64	26.51
ADMINISTRATIVE DAYS	6	35		7,780.20	222.29	.012	1296.70	2.66
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	111		69,905.55	629.78	.038	3495.28	23.86
ANCILLARIES	23	0		239,679.13	.00	.000	10420.83	81.80
INPATIENT CROSSOVERS	30	156		24,935.44	159.84	.053	831.18	8.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	422	2,882		62,347.83	21.63	.984	147.74	21.28
MEDICAL	122	206		15,302.04	74.28	.070	125.43	5.22
SURGERY	21	25		2,163.03	86.52	.009	103.00	.74
PATHOLOGY	128	838		9,605.22	11.46	.286	75.04	3.28
RADIOLOGY	52	73		3,516.07	48.17	.025	67.62	1.20
ROOM USE	159	246		9,396.04	38.20	.084	59.09	3.21
CROSSOVERS/ALL OTH OUTPTNT	263	1,494		22,365.43	14.97	.510	85.04	7.63
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,815
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

	2,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	456	3,225	\$	459,748.15	\$ 142.56	1.101	\$ 1008.22	\$ 156.91
COMM HOSP INPATIENT TOTAL	58	343		397,400.32	1158.60	.117	6851.73	135.63
HSC HOSPITALS	5	41		55,100.00	1343.90	.014	11020.00	18.81
NON-HSC HOSPITALS TOTAL	23	146		317,364.88	2173.73	.050	13798.47	108.32
ACCOMMODATIONS	23	146		77,685.75	532.09	.050	3377.64	26.51
ADMINISTRATIVE DAYS	6	35		7,780.20	222.29	.012	1296.70	2.66
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	111		69,905.55	629.78	.038	3495.28	23.86
ANCILLARIES	23	0		239,679.13	.00	.000	10420.83	81.80
INPATIENT CROSSOVERS	30	156		24,935.44	159.84	.053	831.18	8.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	422	2,882		62,347.83	21.63	.984	147.74	21.28
MEDICAL	122	206		15,302.04	74.28	.070	125.43	5.22
SURGERY	21	25		2,163.03	86.52	.009	103.00	.74
PATHOLOGY	128	838		9,605.22	11.46	.286	75.04	3.28
RADIOLOGY	52	73		3,516.07	48.17	.025	67.62	1.20
ROOM USE	159	246		9,396.04	38.20	.084	59.09	3.21
CROSSOVERS/ALL OTH OUTPTNT	263	1,494		22,365.43	14.97	.510	85.04	7.63
@STATE HOSPITAL	24	730	\$	320,123.24	\$ 438.52	.249	\$ 13338.47	\$ 109.26
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	730		320,123.24	438.52	.249	13338.47	109.26
@NURSING FACILITY	53	1,493	\$	160,227.24	\$ 107.32	.510	\$ 3023.16	\$ 54.69
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	53	1,493		160,227.24	107.32	.510	3023.16	54.69
@INTERMEDIATE CARE FACIL.-DD	12	344	\$	94,068.72	\$ 273.46	.117	\$ 7839.06	\$ 32.11
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	344		94,068.72	273.46	.117	7839.06	32.11
@HEMODIALYSIS TOTAL	41	292	\$	89,463.01	\$ 306.38	.100	\$ 2182.02	\$ 30.53
HOSPITAL BASED	6	153		61,952.40	404.92	.052	10325.40	21.14
HEMODIALYSIS CENTER	35	139		27,510.61	197.92	.047	786.02	9.39
@REHABILITATION FACILITY	25	390	\$	5,665.70	\$ 14.53	.133	\$ 226.63	\$ 1.93
HOSPITAL BASED	0	1CR		21.76CR	21.76	.000	.00	.01CR

INDEPENDENT FACILITY	25	391		5,687.46		14.55	.133	227.50	1.94
@LABORATORY FACILITY	55	201	\$	1,951.49	\$	9.71	.069	\$ 35.48	\$.67
PATHOLOGY	55	201		1,951.49		9.71	.069	35.48	.67
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	107	161	\$	12,185.15	\$	75.68	.055	\$ 113.88	\$ 4.16
CLINIC	1	2		90.30		45.15	.001	90.30	.03
SURGICENTER	9	12		1,552.43		129.37	.004	172.49	.53
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	97	147		10,542.42		71.72	.050	108.68	3.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SONOMA COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND								

PAGE 14,816
01/17/03

	2,930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	505		89,142	\$ 177,334.92	\$ 1.99	30.424	\$ 351.16	\$ 60.52
DURABLE MED. EQUIP.	64		247	36,665.73	148.44	.084	572.90	12.51
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2		2	50.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	103		10,225	33,023.31	3.23	3.490	320.61	11.27
AMBULANCES/AIR TRANS	16		134	3,144.98	23.47	.046	196.56	1.07
OTHER TRANS	38		9,518	23,741.00	2.49	3.248	624.76	8.10
OTHER SERVICES	51		573	6,137.33	10.71	.196	120.34	2.09
ACUPUNCTURE	3		14	227.08	16.22	.005	75.69	.08
ADULT DAY HEALTH CARE CTR	27		183	12,224.81	66.80	.062	452.77	4.17
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	126		871	53,125.26	60.99	.297	421.63	18.13
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	34		81	3,243.44	40.04	.028	95.40	1.11
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5		23	3,288.45	142.98	.008	657.69	1.12

PROSTHETICS	5	23		3,288.45	142.98	.008	657.69	1.12
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6		229.04	38.17	.002	114.52	.08
SPEECH AND AUDIOLOGY	20	53		3,096.36	58.42	.018	154.82	1.06
HOSPICE SERVICES	2	4		574.62	143.66	.001	287.31	.20
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	49	2,523		13,670.68	5.42	.861	278.99	4.67
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	170	74,910		17,916.14	.24	25.567	105.39	6.11
@CALIF. CHILDREN SERVICES*	127	4,083	\$	212,416.09	\$ 52.02	1.394	\$ 1672.57	\$ 72.50
@XOVER EXCLUDING STATE HOSP**	531	8,750	\$	85,205.35	\$ 9.74	2.986	\$ 160.46	\$ 29.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,817
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

						----- MONTHLY AVERAGE -----		
115,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	91,162	2,626,803	\$ 212,187,940.51	\$ 80.78	22.737	\$ 2327.59	\$ 1836.66	
@PHYSICIANS SERVICES	19,590	74,355	\$ 2,900,761.53	\$ 39.01	.644	\$ 148.07	\$ 25.11	
OUTPATIENT VISITS	8,260	12,110	473,192.44	39.07	.105	57.29	4.10	
OFFICE VISITS	5,450	7,627	249,277.53	32.68	.066	45.74	2.16	
HOME VISITS	118	168	9,093.24	54.13	.001	77.06	.08	
EMERGENCY ROOM	2,984	4,002	201,821.38	50.43	.035	67.63	1.75	
PREVENTIVE CARE	10	10	424.23	42.42	.000	42.42	.00	
OB VISITS/COMPRE PERI	24	66	2,627.13	39.81	.001	109.46	.02	
OTHER OUTPATIENT	207	237	9,948.93	41.98	.002	48.06	.09	
INPATIENT VISITS	1,669	8,591	416,462.51	48.48	.074	249.53	3.60	
HOSPITAL VISITS	1,286	6,391	279,040.76	43.66	.055	216.98	2.42	
CRITICAL CARE	187	805	94,520.43	117.42	.007	505.46	.82	
SNF/ICF/TRANS IP CARE	364	1,395	42,901.32	30.75	.012	117.86	.37	
OPHTHALMOLOGICAL SERVICES	503	586	26,012.74	44.39	.005	51.72	.23	
EXAMINATIONS	502	585	25,977.45	44.41	.005	51.75	.22	
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00	
INPATIENT HOSPITAL SURGERY	656	3,525	310,940.36	88.21	.031	473.99	2.69	
PRINCIPAL SURGEON	473	715	239,115.82	334.43	.006	505.53	2.07	
ASSISTANT SURGEON	34	46	8,597.26	186.90	.000	252.86	.07	
ANESTHESIOLOGIST	236	2,764	63,227.28	22.88	.024	267.91	.55	
OUTPATIENT SURGERY	1,289	3,456	282,651.62	81.79	.030	219.28	2.45	
PRINCIPAL SURGEON	1,027	1,520	234,637.96	154.37	.013	228.47	2.03	
ASSISTANT SURGEON	17	17	1,799.81	105.87	.000	105.87	.02	
ANESTHESIOLOGIST	322	1,919	46,213.85	24.08	.017	143.52	.40	
DIALYSIS	149	391	46,271.54	118.34	.003	310.55	.40	
PATHOLOGY	1,453	3,470	55,906.66	16.11	.030	38.48	.48	
RADIOLOGY	4,182	7,873	343,634.60	43.65	.068	82.17	2.97	
PSYCHIATRY	15	18	486.28	27.02	.000	32.42	.00	
IMMUNIZATION AND INJECTION	558	6,755	491,412.67	72.75	.058	880.67	4.25	
OTHER SERVICES/ALL X-OVERS	8,552	27,580	453,790.11	16.45	.239	53.06	3.93	
@PHARMACY	67,295	639,201	\$ 28,560,743.37	\$ 44.68	5.533	\$ 424.41	\$ 247.22	
PRESCRIPTION DRUGS	66,536	300,772	27,784,281.89	92.38	2.603	417.58	240.50	
SNF/ICF	2,894	20,210	1,751,603.24	86.67	.175	605.25	15.16	
OUTPATIENTS	63,889	280,562	26,032,678.65	92.79	2.428	407.47	225.33	

MEDICAL SUPPLIES	5,334	338,429	776,461.48	2.29	2.929	145.57	6.72
@DENTIST	6,687	27,292	\$ 1,188,627.18	\$ 43.55	.236	\$ 177.75	\$ 10.29
VISITS - DIAGNOSTIC	4,734	17,114	252,451.39	14.75	.148	53.33	2.19
ORAL SURGERY	860	2,681	144,935.22	54.06	.023	168.53	1.25
DRUGS	23	26	179.00	6.88	.000	7.78	.00
ANESTHESIA	51	51	4,680.00	91.76	.000	91.76	.04
PERIODONTICS	342	495	81,324.00	164.29	.004	237.79	.70
ENDODONTICS	267	368	74,007.50	201.11	.003	277.18	.64
RESTORATIVE DENTISTRY	1,914	4,742	411,110.50	86.70	.041	214.79	3.56
PROSTHETICS	68	72	1,785.60	24.80	.001	26.26	.02
DENTURES, STAYPLATES	594	1,618	207,169.67	128.04	.014	348.77	1.79
SPACE MAINTAINERS	2	2	240.00	120.00	.000	120.00	.00
MAXILLOFACIAL SERVICES	14	20	4,012.78	200.64	.000	286.63	.03
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.01
ORTHODONTIC SERVICES	46	61	5,407.22	88.64	.001	117.55	.05
ALL OTHER SERVICES	31	41	124.30	3.03	.000	4.01	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,818
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED						

CROSSEOVERS/ALL OTH OUTPTNT	9,874	37,421		825,168.03	22.05	.324	83.57	7.14
@COUNTY HOSPITAL TOTAL	72	370	\$	44,489.93	\$ 120.24	.003	\$ 617.92	\$.39
CO HOSPITAL INPATIENT TOTAL	9	40		37,148.48	928.71	.000	4127.61	.32
HSC HOSPITALS	8	25		27,315.00	1092.60	.000	3414.38	.24
NON-HSC HOSPITALS TOTAL	1	4		9,021.48	2255.37	.000	9021.48	.08
ACCOMMODATIONS	1	4		5,122.98	1280.75	.000	5122.98	.04
ADMINISTRATIVE DAYS	0	0		277.02CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		5,400.00	1350.00	.000	5400.00	.05
ANCILLARIES	1	0		3,898.50	.00	.000	3898.50	.03
INPATIENT CROSSEOVERS	1	11		812.00	73.82	.000	812.00	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	64	330		7,341.45	22.25	.003	114.71	.06
MEDICAL	20	34		1,427.32	41.98	.000	71.37	.01
SURGERY	7	8		269.95	33.74	.000	38.56	.00
PATHOLOGY	23	87		1,355.62	15.58	.001	58.94	.01
RADIOLOGY	10	14		712.34	50.88	.000	71.23	.01
ROOM USE	28	42		1,831.60	43.61	.000	65.41	.02
CROSSEOVERS/ALL OTH OUTPTNT	39	145		1,744.62	12.03	.001	44.73	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,819
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	115,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18,687	100,734	\$	17,222,466.70	\$ 170.97	.872	\$ 921.63	\$ 149.07
COMM HOSP INPATIENT TOTAL	1,641	12,316		14,767,525.95	1199.05	.107	8999.10	127.83
HSC HOSPITALS	177	1,528		2,305,702.72	1508.97	.013	13026.57	19.96
NON-HSC HOSPITALS TOTAL	860	5,590		11,894,051.21	2127.74	.048	13830.29	102.95
ACCOMMODATIONS	850	5,590		3,566,711.34	638.05	.048	4196.13	30.87
ADMINISTRATIVE DAYS	92	1,137		239,622.94	210.75	.010	2604.60	2.07
TRANSITIONAL IP CARE	0	0		302.04	.00	.000	.00	.00
ALL OTHER ACCOM	802	4,453		3,326,786.36	747.09	.039	4148.11	28.80
ANCILLARIES	860	0		8,327,339.87	.00	.000	9682.95	72.08
INPATIENT CROSSEOVERS	626	5,198		567,772.30	109.23	.045	906.98	4.91
ALL OTHER INPATIENT	1	0		.28CR	.00	.000	.28CR	.00
COMM HOSP OUTPATIENT TOTAL	17,766	88,418		2,454,940.75	27.77	.765	138.18	21.25
MEDICAL	5,858	9,268		350,981.17	37.87	.080	59.91	3.04
SURGERY	1,088	1,265		63,135.12	49.91	.011	58.03	.55
PATHOLOGY	5,544	23,019		281,888.43	12.25	.199	50.85	2.44
RADIOLOGY	3,278	4,916		427,669.41	87.00	.043	130.47	3.70
ROOM USE	8,104	12,674		507,843.21	40.07	.110	62.67	4.40
CROSSEOVERS/ALL OTH OUTPTNT	9,840	37,276		823,423.41	22.09	.323	83.68	7.13
@STATE HOSPITAL	9,995	318,795	\$	138,711,709.14	\$ 435.11	2.759	\$ 13878.11	\$ 1200.67
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	9,995	318,795		138,711,709.14	435.11	2.759	13878.11	1200.67
@NURSING FACILITY	1,947	59,128	\$	7,316,579.71	\$ 123.74	.512	\$ 3757.87	\$ 63.33
LEV A-INTERMEDIATE	5	214		20,816.78	97.27	.002	4163.36	.18
LEV B-REHAB MD	526	19,063		2,115,535.93	110.98	.165	4021.93	18.31
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	49	1,536		800,269.51	521.01	.013	16332.03	6.93
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,371	38,315		4,379,957.49	114.31	.332	3194.72	37.91
@INTERMEDIATE CARE FACIL.-DD	1,458	45,335	\$	6,778,227.69	\$ 149.51	.392	\$ 4648.99	\$ 58.67
ICF DDH	1,026	32,128		4,314,998.94	134.31	.278	4205.65	37.35
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	433	13,207		2,463,228.75		186.51	.114	5688.75	21.32
@HEMODIALYSIS TOTAL	723	12,307	\$	719,545.78	\$	58.47	.107	\$ 995.22	\$ 6.23
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	723	12,307		719,545.78		58.47	.107	995.22	6.23
@REHABILITATION FACILITY	360	6,539	\$	87,778.34	\$	13.42	.057	\$ 243.83	\$.76
HOSPITAL BASED	20	74		3,002.74		40.58	.001	150.14	.03
INDEPENDENT FACILITY	340	6,465		84,775.60		13.11	.056	249.34	.73
@LABORATORY FACILITY	5,102	19,747	\$	293,893.85	\$	14.88	.171	\$ 57.60	\$ 2.54
PATHOLOGY	5,085	19,708		293,542.93		14.89	.171	57.73	2.54
XO AND OTHERS	17	39		350.92		9.00	.000	20.64	.00
@ORGANIZED OUTPATIENT CLINIC	10,315	21,781	\$	1,840,127.57	\$	84.48	.189	\$ 178.39	\$ 15.93
CLINIC	605	1,922		45,534.86		23.69	.017	75.26	.39
SURGICENTER	136	296		27,704.08		93.59	.003	203.71	.24
HEROIN DETOX CLINIC	52	759		9,140.42		12.04	.007	175.78	.08
RURAL HEALTH CLINIC	9,617	18,804		1,757,748.21		93.48	.163	182.78	15.21

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 57 ALL DISABLED

PAGE 14,820 01/17/03

						----- MONTHLY AVERAGE -----		
115,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14,540	1,251,891	\$ 5,008,330.13	\$ 4.00	10.836	\$ 344.45	\$ 43.35	
DURABLE MED. EQUIP.	1,895	7,936	1,327,187.65	167.24	.069	700.36	11.49	
BLOOD BANK	1	1	459.00	459.00	.000	459.00	.00	
HEARING AID DISPENSERS	99	165	30,237.90	183.26	.001	305.43	.26	
MEDICAL TRANSPORTATION	2,887	121,132	646,902.95	5.34	1.048	224.07	5.60	
AMBULANCES/AIR TRANS	1,227	14,797	233,763.69	15.80	.128	190.52	2.02	
OTHER TRANS	702	96,380	319,378.07	3.31	.834	454.95	2.76	
OTHER SERVICES	1,036	9,955	93,761.19	9.42	.086	90.50	.81	
ACUPUNCTURE	159	454	7,600.39	16.74	.004	47.80	.07	
ADULT DAY HEALTH CARE CTR	274	3,141	208,433.04	66.36	.027	760.70	1.80	
GENETIC DISEASE TESTING	24	24	1,829.00	76.21	.000	76.21	.02	
IHMC, MODEL-NF, NF, AIDS, MSSP	907	36,511	1,307,461.09	35.81	.316	1441.52	11.32	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,493	5,911	73,267.82	12.40	.051	29.39	.63	
PHYSICAL THERAPIST	173	1,423	18,530.48	13.02	.012	107.11	.16	
PORTABLE X-RAY	25	47	802.78	17.08	.000	32.11	.01	
PROSTHETIST/ORTHOTISTS	231	891	112,725.17	126.52	.008	487.99	.98	
PROSTHETICS	212	867	111,742.92	128.88	.008	527.09	.97	
ORTHOTICS	19	24	982.25	40.93	.000	51.70	.01	
PSYCHOLOGIST	255	692	17,938.64	25.92	.006	70.35	.16	
SPEECH AND AUDIOLOGY	1,089	4,029	194,431.10	48.26	.035	178.54	1.68	
HOSPICE SERVICES	107	2,681	350,259.93	130.65	.023	3273.46	3.03	
NONINST BIRTHING CENTERS	3	3	3,021.69	1007.23	.000	1007.23	.03	
LOCAL EDUCATION AGENCIES	1,076	30,565	234,171.72	7.66	.265	217.63	2.03	
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.001	285.24	.02	
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	4,689	1,036,212	470,502.64	.45	8.969	100.34	4.07	
@CALIF. CHILDREN SERVICES*	1,468	42,227	\$ 3,139,968.04	\$ 74.36	.366	\$ 2138.94	\$ 27.18	
@XOVER EXCLUDING STATE HOSP**	15,648	553,901	\$ 2,452,571.39	\$ 4.43	4.794	\$ 156.73	\$ 21.23	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

232,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93,469	463,143	\$ 29,465,259.13	\$ 63.62	1.995	\$ 315.24	\$ 126.91
@PHYSICIANS SERVICES	27,222	65,654	\$ 3,486,217.51	\$ 53.10	.283	\$ 128.07	\$ 15.02
OUTPATIENT VISITS	18,695	25,475	870,648.99	34.18	.110	46.57	3.75
OFFICE VISITS	11,262	14,702	428,362.78	29.14	.063	38.04	1.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7,323	8,643	355,655.78	41.15	.037	48.57	1.53
PREVENTIVE CARE	305	311	12,101.29	38.91	.001	39.68	.05
OB VISITS/COMPRI PERI	584	1,666	67,894.07	40.75	.007	116.26	.29
OTHER OUTPATIENT	118	153	6,635.07	43.37	.001	56.23	.03
INPATIENT VISITS	1,518	5,042	362,608.22	71.92	.022	238.87	1.56
HOSPITAL VISITS	1,426	3,775	175,944.94	46.61	.016	123.38	.76
CRITICAL CARE	222	1,261	186,412.58	147.83	.005	839.70	.80
SNF/ICF/TRANS IP CARE	3	6	250.70	41.78	.000	83.57	.00
OPHTHALMOLOGICAL SERVICES	308	342	15,453.61	45.19	.001	50.17	.07
EXAMINATIONS	287	321	15,259.54	47.54	.001	53.17	.07
SERVICES AND MATERIALS	21	21	194.07	9.24	.000	9.24	.00
INPATIENT HOSPITAL SURGERY	1,589	7,532	740,880.07	98.36	.032	466.26	3.19
PRINCIPAL SURGEON	1,030	1,190	589,633.49	495.49	.005	572.46	2.54
ASSISTANT SURGEON	123	126	21,395.58	169.81	.001	173.95	.09
ANESTHESIOLOGIST	651	6,216	129,851.00	20.89	.027	199.46	.56
OUTPATIENT SURGERY	2,116	5,268	329,791.29	62.60	.023	155.86	1.42
PRINCIPAL SURGEON	1,713	2,125	257,015.17	120.95	.009	150.04	1.11
ASSISTANT SURGEON	19	19	1,850.71	97.41	.000	97.41	.01
ANESTHESIOLOGIST	497	3,124	70,925.41	22.70	.013	142.71	.31
DIALYSIS	44	82	12,401.92	151.24	.000	281.86	.05
PATHOLOGY	2,798	4,866	75,521.63	15.52	.021	26.99	.33
RADIOLOGY	6,147	8,957	312,776.38	34.92	.039	50.88	1.35
PSYCHIATRY	2	2	106.27	53.14	.000	53.14	.00

IMMUNIZATION AND INJECTION	474	2,223		165,028.71		74.24	.010	348.16	.71
OTHER SERVICES/ALL X-OVERS	2,436	5,865		601,000.42		102.47	.025	246.72	2.59
@PHARMACY	40,877	108,690	\$	4,644,571.51	\$	42.73	.468	\$ 113.62	\$ 20.00
PRESCRIPTION DRUGS	40,515	88,603		4,304,598.47		48.58	.382	106.25	18.54
SNF/ICF	61	159		59,599.07		374.84	.001	977.03	.26
OUTPATIENTS	40,471	88,444		4,244,999.40		48.00	.381	104.89	18.28
MEDICAL SUPPLIES	1,211	20,087		339,973.04		16.93	.087	280.74	1.46
@DENTIST	11,024	49,798	\$	1,686,470.91	\$	33.87	.214	\$ 152.98	\$ 7.26
VISITS - DIAGNOSTIC	7,879	31,234		483,463.12		15.48	.135	61.36	2.08
ORAL SURGERY	1,532	3,218		191,985.22		59.66	.014	125.32	.83
DRUGS	78	91		1,673.04		18.39	.000	21.45	.01
ANESTHESIA	133	139		11,675.00		83.99	.001	87.78	.05
PERIODONTICS	213	217		34,975.00		161.18	.001	164.20	.15
ENDODONTICS	845	1,582		172,956.00		109.33	.007	204.68	.74
RESTORATIVE DENTISTRY	4,245	11,944		686,587.30		57.48	.051	161.74	2.96
PROSTHETICS	34	34		905.00		26.62	.000	26.62	.00
DENTURES, STAYPLATES	158	603		52,214.66		86.59	.003	330.47	.22
SPACE MAINTAINERS	108	134		13,891.51		103.67	.001	128.63	.06
MAXILLOFACIAL SERVICES	36	45		3,825.33		85.01	.000	106.26	.02
FRACTURES, DISLOCATIONS	3	4		2,190.00		547.50	.000	730.00	.01
ORTHODONTIC SERVICES	302	501		29,979.73		59.84	.002	99.27	.13
ALL OTHER SERVICES	40	52		150.00		2.88	.000	3.75	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,822
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SONOMA COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES								

----- MONTHLY AVERAGE -----									
232,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	2,106	6,126	\$ 147,845.59	\$ 24.13	.026	\$ 70.20	\$.64		
DIAGNOSTIC AND ANC. PROCED	1,376	1,406	64,465.37	45.85	.006	46.85	.28		
EYE APPLIANCES	1,489	4,433	65,181.67	14.70	.019	43.78	.28		
OTHER OPTOMETRIC SERVICES	267	287	18,198.55	63.41	.001	68.16	.08		
@CHIROPRACTOR	320	577	\$ 9,561.75	\$ 16.57	.002	\$ 29.88	\$.04		
VISITS	320	577	9,561.75	16.57	.002	29.88	.04		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	80	155	\$ 4,705.37	\$ 30.36	.001	\$ 58.82	\$.02		
MEDICINE/INJECTIONS	64	85	2,713.08	31.92	.000	42.39	.01		
SURGERY/ANES.	25	39	1,258.45	32.27	.000	50.34	.01		
RADIO./PATHOLOGY	13	19	349.46	18.39	.000	26.88	.00		
OTHER	10	12	384.38	32.03	.000	38.44	.00		
@HOME HEALTH AGENCY	314	961	\$ 62,297.49	\$ 64.83	.004	\$ 198.40	\$.27		
NURSE ANESTHESIST	3	10	196.59	19.66	.000	65.53	.00		
NURSE MIDWIFE	753	7,098	\$ 178,511.75	\$ 25.15	.031	\$ 237.07	\$.77		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	8	8	\$ 426.58	\$ 53.32	.000	\$ 53.32	\$.00		
@TOTAL HOSPITAL	26,262	102,517	\$ 14,512,041.94	\$ 141.56	.442	\$ 552.59	\$ 62.50		
HOSP INPATIENT TOTAL	1,690	6,973	11,706,783.79	1678.87	.030	6927.09	50.42		
HSC HOSPITALS	117	700	1,092,370.66	1560.53	.003	9336.50	4.70		
NON-HSC HOSPITAL TOTAL	1,577	6,266	10,611,977.13	1693.58	.027	6729.22	45.71		
ACCOMMODATIONS	1,571	6,266	4,260,788.78	679.99	.027	2712.15	18.35		
ADMINISTRATIVE DAYS	27	209	46,710.38	223.49	.001	1730.01	.20		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1,558	6,057	4,214,078.40	695.74	.026	2704.80	18.15		
ANCILLARIES	1,573	0	6,351,188.35	.00	.000	4037.63	27.36		
INPATIENT CROSSOVERS	3	7	2,436.00	348.00	.000	812.00	.01		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	25,296	95,544	2,805,258.15	29.36	.412	110.90	12.08	
MEDICAL	8,996	12,015	414,023.50	34.46	.052	46.02	1.78	
SURGERY	2,073	2,499	105,575.94	42.25	.011	50.93	.45	
PATHOLOGY	8,136	26,100	318,684.76	12.21	.112	39.17	1.37	
RADIOLOGY	5,474	7,136	486,561.37	68.18	.031	88.89	2.10	
ROOM USE	19,116	26,305	1,005,425.69	38.22	.113	52.60	4.33	
CROSSOVERS/ALL OTH OUTPTNT	8,289	21,489	474,986.89	22.10	.093	57.30	2.05	
@COUNTY HOSPITAL TOTAL	66	251	\$ 14,385.68	\$ 57.31	.001	\$ 217.96	\$.06	
CO HOSPITAL INPATIENT TOTAL	3	6	7,004.00	1167.33	.000	2334.67	.03	
HSC HOSPITALS	3	6	7,004.00	1167.33	.000	2334.67	.03	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	63	245	7,381.68	30.13	.001	117.17	.03	
MEDICAL	23	27	895.07	33.15	.000	38.92	.00	
SURGERY	18	29	832.75	28.72	.000	46.26	.00	
PATHOLOGY	21	62	1,139.00	18.37	.000	54.24	.00	
RADIOLOGY	8	27	1,339.53	49.61	.000	167.44	.01	
ROOM USE	32	46	2,026.52	44.05	.000	63.33	.01	
CROSSOVERS/ALL OTH OUTPTNT	31	54	1,148.81	21.27	.000	37.06	.00	
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MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES							

					----- MONTHLY AVERAGE -----			
232,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	26,212	102,266	\$ 14,497,656.26	\$ 141.76	.440	\$ 553.09	\$ 62.44	
COMM HOSP INPATIENT TOTAL	1,687	6,967	11,699,779.79	1679.31	.030	6935.26	50.39	
HSC HOSPITALS	114	694	1,085,366.66	1563.93	.003	9520.76	4.67	
NON-HSC HOSPITALS TOTAL	1,577	6,266	10,611,977.13	1693.58	.027	6729.22	45.71	
ACCOMMODATIONS	1,571	6,266	4,260,788.78	679.99	.027	2712.15	18.35	
ADMINISTRATIVE DAYS	27	209	46,710.38	223.49	.001	1730.01	.20	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,558	6,057	4,214,078.40	695.74	.026	2704.80	18.15	
ANCILLARIES	1,573	0	6,351,188.35	.00	.000	4037.63	27.36	
INPATIENT CROSSOVERS	3	7	2,436.00	348.00	.000	812.00	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	25,248	95,299	2,797,876.47	29.36	.410	110.82	12.05	
MEDICAL	8,974	11,988	413,128.43	34.46	.052	46.04	1.78	
SURGERY	2,055	2,470	104,743.19	42.41	.011	50.97	.45	
PATHOLOGY	8,117	26,038	317,545.76	12.20	.112	39.12	1.37	
RADIOLOGY	5,468	7,109	485,221.84	68.25	.031	88.74	2.09	
ROOM USE	19,091	26,259	1,003,399.17	38.21	.113	52.56	4.32	
CROSSOVERS/ALL OTH OUTPTNT	8,259	21,435	473,838.08	22.11	.092	57.37	2.04	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	5	46	\$ 6,809.71	\$ 148.04	.000	\$ 1361.94	\$.03	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	46		6,809.71	148.04	.000	1361.94	.03
@INTERMEDIATE CARE FACIL.-DD	1	61	\$	9,099.37	149.17	.000	9099.37	\$.04
ICF DDH	1	61		9,099.37	149.17	.000	9099.37	.04
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	68	3,171	\$	134,041.12	42.27	.014	1971.19	\$.58
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	68	3,171		134,041.12	42.27	.014	1971.19	.58
@REHABILITATION FACILITY	75	1,391	\$	18,332.25	13.18	.006	244.43	\$.08
HOSPITAL BASED	4	10		275.74	27.57	.000	68.94	.00
INDEPENDENT FACILITY	71	1,381		18,056.51	13.07	.006	254.32	.08
@LABORATORY FACILITY	7,065	20,558	\$	318,202.78	15.48	.089	45.04	\$ 1.37
PATHOLOGY	7,063	20,556		318,001.50	15.47	.089	45.02	1.37
XO AND OTHERS	2	2		201.28	100.64	.000	100.64	.00
@ORGANIZED OUTPATIENT CLINIC	20,137	40,002	\$	3,448,606.37	86.21	.172	171.26	\$ 14.85
CLINIC	2,964	11,300		280,746.94	24.84	.049	94.72	1.21
SURGICENTER	65	321		11,896.65	37.06	.001	183.03	.05
HEROIN DETOX CLINIC	17	222		2,614.67	11.78	.001	153.80	.01
RURAL HEALTH CLINIC	17,206	28,159		3,153,348.11	111.98	.121	183.27	13.58
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SONOMA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

					----- MONTHLY AVERAGE -----			
232,176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	8,609	56,320	\$ 797,320.54	\$ 14.16	.243	\$ 92.61	\$ 3.43	
DURABLE MED. EQUIP.	353	1,599	70,850.08	44.31	.007	200.71	.31	
BLOOD BANK	1	528	1,660.00	3.14	.002	1660.00	.01	
HEARING AID DISPENSERS	13	29	7,910.08	272.76	.000	608.47	.03	
MEDICAL TRANSPORTATION	870	12,655	212,465.88	16.79	.055	244.21	.92	
AMBULANCES/AIR TRANS	850	9,919	159,453.26	16.08	.043	187.59	.69	
OTHER TRANS	16	2,686	7,758.74	2.89	.012	484.92	.03	
OTHER SERVICES	28	50	45,253.88	905.08	.000	1616.21	.19	
ACUPUNCTURE	84	198	3,416.95	17.26	.001	40.68	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	645	654	48,788.00	74.60	.003	75.64	.21	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,901	4,259	43,188.69	10.14	.018	22.72	.19	
PHYSICAL THERAPIST	125	884	17,330.27	19.60	.004	138.64	.07	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	142	313	43,165.30	137.91	.001	303.98	.19	
PROSTHETICS	86	246	37,485.00	152.38	.001	435.87	.16	
ORTHOTICS	65	67	5,680.30	84.78	.000	87.39	.02	
PSYCHOLOGIST	19	57	3,608.80	63.31	.000	189.94	.02	
SPEECH AND AUDIOLOGY	180	425	26,254.10	61.77	.002	145.86	.11	
HOSPICE SERVICES	6	103	14,934.36	144.99	.000	2489.06	.06	
NONINST BIRTHING CENTERS	20	20	19,787.37	989.37	.000	989.37	.09	
LOCAL EDUCATION AGENCIES	4,331	28,365	278,544.63	9.82	.122	64.31	1.20	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	58	6,231	5,416.03	.87	.027	93.38	.02	
@CALIF. CHILDREN SERVICES*	932	10,160	\$ 2,325,368.06	\$ 228.87	.044	\$ 2495.03	\$ 10.02	

@XOVER EXCLUDING STATE HOSP** 222 2,256 \$ 37,191.46 \$ 16.49 .010 \$ 167.53 \$.16

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 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

12,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,607	37,407	\$ 3,334,360.17	\$ 89.14	2.917	\$ 504.67	\$ 260.03
@PHYSICIANS SERVICES	2,128	6,496	\$ 335,599.08	\$ 51.66	.507	\$ 157.71	\$ 26.17
OUTPATIENT VISITS	1,279	1,945	66,328.51	34.10	.152	51.86	5.17
OFFICE VISITS	685	902	27,779.02	30.80	.070	40.55	2.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	527	622	26,118.13	41.99	.049	49.56	2.04
PREVENTIVE CARE	21	21	779.27	37.11	.002	37.11	.06
OB VISITS/COMPRE PERI	82	367	10,053.75	27.39	.029	122.61	.78
OTHER OUTPATIENT	30	33	1,598.34	48.43	.003	53.28	.12
INPATIENT VISITS	179	983	85,260.63	86.74	.077	476.32	6.65
HOSPITAL VISITS	152	540	23,642.06	43.78	.042	155.54	1.84
CRITICAL CARE	44	422	60,942.83	144.41	.033	1385.06	4.75
SNF/ICF/TRANS IP CARE	8	21	675.74	32.18	.002	84.47	.05
OPHTHALMOLOGICAL SERVICES	29	37	1,856.89	50.19	.003	64.03	.14
EXAMINATIONS	28	36	1,821.60	50.60	.003	65.06	.14
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	195	1,257	87,380.33	69.51	.098	448.10	6.81
PRINCIPAL SURGEON	120	147	67,108.47	456.52	.011	559.24	5.23
ASSISTANT SURGEON	17	18	2,693.34	149.63	.001	158.43	.21
ANESTHESIOLOGIST	89	1,092	17,578.52	16.10	.085	197.51	1.37
OUTPATIENT SURGERY	178	466	30,838.87	66.18	.036	173.25	2.40
PRINCIPAL SURGEON	138	172	23,596.41	137.19	.013	170.99	1.84
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.01
ANESTHESIOLOGIST	51	293	7,107.69	24.26	.023	139.37	.55
DIALYSIS	11	11	2,871.98	261.09	.001	261.09	.22
PATHOLOGY	204	371	6,020.78	16.23	.029	29.51	.47
RADIOLOGY	561	937	28,419.77	30.33	.073	50.66	2.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	72	6,943.14	96.43	.006	157.80	.54
OTHER SERVICES/ALL X-OVERS	214	417	19,678.18	47.19	.033	91.95	1.53
@PHARMACY	2,402	6,830	\$ 270,634.01	\$ 39.62	.533	\$ 112.67	\$ 21.11
PRESCRIPTION DRUGS	2,373	5,067	262,076.06	51.72	.395	110.44	20.44
SNF/ICF	38	231	21,029.02	91.03	.018	553.40	1.64
OUTPATIENTS	2,336	4,836	241,047.04	49.84	.377	103.19	18.80
MEDICAL SUPPLIES	79	1,763	8,557.95	4.85	.137	108.33	.67
@DENTIST	540	2,507	\$ 81,532.52	\$ 32.52	.196	\$ 150.99	\$ 6.36
VISITS - DIAGNOSTIC	402	1,694	26,936.54	15.90	.132	67.01	2.10
ORAL SURGERY	94	216	16,219.96	75.09	.017	172.55	1.26
DRUGS	7	8	36.68	4.59	.001	5.24	.00
ANESTHESIA	17	17	1,366.84	80.40	.001	80.40	.11
PERIODONTICS	3	3	445.00	148.33	.000	148.33	.03
ENDODONTICS	31	47	7,781.50	165.56	.004	251.02	.61
RESTORATIVE DENTISTRY	177	482	25,253.00	52.39	.038	142.67	1.97
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.02
SPACE MAINTAINERS	4	7	720.00	102.86	.001	180.00	.06

MAXILLOFACIAL SERVICES	3	2	150.00	75.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.09
ORTHODONTIC SERVICES	11	12	1,135.00	94.58	.001	103.18	.09
ALL OTHER SERVICES	4	11	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,826
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

12,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	103	307	\$ 7,320.13	\$ 23.84	.024	\$ 71.07	\$.57
DIAGNOSTIC AND ANC. PROCED	77	79	3,539.00	44.80	.006	45.96	.28
EYE APPLIANCES	74	219	3,218.52	14.70	.017	43.49	.25
OTHER OPTOMETRIC SERVICES	9	9	562.61	62.51	.001	62.51	.04
@CHIROPRACTOR	2	4	\$ 66.88	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	2	4	66.88	16.72	.000	33.44	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	6	\$ 190.81	\$ 31.80	.000	\$ 95.41	\$.01
MEDICINE/INJECTIONS	1	3	102.34	34.11	.000	102.34	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	1	1	53.87	53.87	.000	53.87	.00
@HOME HEALTH AGENCY	39	93	\$ 5,305.14	\$ 57.04	.007	\$ 136.03	\$.41
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	151	1,966	\$ 40,080.98	\$ 20.39	.153	\$ 265.44	\$ 3.13
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	12	\$ 94.13	\$ 7.84	.001	\$ 47.07	\$.01
@TOTAL HOSPITAL	2,050	9,077	\$ 2,105,102.39	\$ 231.92	.708	\$ 1026.88	\$ 164.17
HOSP INPATIENT TOTAL	197	1,054	1,856,830.45	1761.70	.082	9425.54	144.80
HSC HOSPITALS	21	131	194,621.42	1485.66	.010	9267.69	15.18
NON-HSC HOSPITAL TOTAL	176	923	1,662,209.03	1800.88	.072	9444.37	129.63
ACCOMMODATIONS	176	923	679,737.98	736.44	.072	3862.15	53.01

ADMINISTRATIVE DAYS	5	54	12,474.81	231.02	.004	2494.96	.97
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	173	869	667,263.17	767.85	.068	3857.01	52.04
ANCILLARIES	176	0	982,471.05	.00	.000	5582.22	76.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,925	8,023	248,271.94	30.95	.626	128.97	19.36
MEDICAL	528	724	26,150.10	36.12	.056	49.53	2.04
SURGERY	176	232	10,338.90	44.56	.018	58.74	.81
PATHOLOGY	689	2,715	31,426.70	11.58	.212	45.61	2.45
RADIOLOGY	422	533	34,077.87	63.94	.042	80.75	2.66
ROOM USE	1,394	2,015	77,892.64	38.66	.157	55.88	6.07
CROSSOVERS/ALL OTH OUTPTNT	657	1,804	68,385.73	37.91	.141	104.09	5.33
@COUNTY HOSPITAL TOTAL	18	117	\$ 59,904.77	\$ 512.01	.009	\$ 3328.04	\$ 4.67
CO HOSPITAL INPATIENT TOTAL	2	43	57,905.00	1346.63	.003	28952.50	4.52
HSC HOSPITALS	2	43	57,905.00	1346.63	.003	28952.50	4.52
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	74	1,999.77	27.02	.006	124.99	.16
MEDICAL	3	3	52.98	17.66	.000	17.66	.00
SURGERY	5	6	232.61	38.77	.000	46.52	.02
PATHOLOGY	6	23	539.94	23.48	.002	89.99	.04
RADIOLOGY	1	2	44.32	22.16	.000	44.32	.00
ROOM USE	11	18	888.52	49.36	.001	80.77	.07
CROSSOVERS/ALL OTH OUTPTNT	9	22	241.40	10.97	.002	26.82	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,827
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
12,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,035	8,960	\$ 2,045,197.62	\$ 228.26	.699	\$ 1005.01	\$ 159.49	
COMM HOSP INPATIENT TOTAL	195	1,011	1,798,925.45	1779.35	.079	9225.26	140.29	
HSC HOSPITALS	19	88	136,716.42	1553.60	.007	7195.60	10.66	
NON-HSC HOSPITALS TOTAL	176	923	1,662,209.03	1800.88	.072	9444.37	129.63	
ACCOMMODATIONS	176	923	679,737.98	736.44	.072	3862.15	53.01	
ADMINISTRATIVE DAYS	5	54	12,474.81	231.02	.004	2494.96	.97	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	173	869	667,263.17	767.85	.068	3857.01	52.04	
ANCILLARIES	176	0	982,471.05	.00	.000	5582.22	76.62	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,912	7,949	246,272.17	30.98	.620	128.80	19.21	
MEDICAL	525	721	26,097.12	36.20	.056	49.71	2.04	
SURGERY	171	226	10,106.29	44.72	.018	59.10	.79	
PATHOLOGY	683	2,692	30,886.76	11.47	.210	45.22	2.41	
RADIOLOGY	421	531	34,033.55	64.09	.041	80.84	2.65	
ROOM USE	1,383	1,997	77,004.12	38.56	.156	55.68	6.01	
CROSSOVERS/ALL OTH OUTPTNT	648	1,782	68,144.33	38.24	.139	105.16	5.31	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	998	\$	103,185.10	\$ 103.39	.078	\$ 4299.38	\$ 8.05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	7	297		32,775.21	110.35	.023	4682.17	2.56
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	701		70,409.89	100.44	.055	4141.76	5.49
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	15	168	\$	2,421.95	\$ 14.42	.013	\$ 161.46	\$.19
HOSPITAL BASED	1	0		25.15CR	.00	.000	25.15CR	.00
INDEPENDENT FACILITY	14	168		2,447.10	14.57	.013	174.79	.19
@LABORATORY FACILITY	654	1,803	\$	30,238.96	\$ 16.77	.141	\$ 46.24	\$ 2.36
PATHOLOGY	654	1,803		30,238.96	16.77	.141	46.24	2.36
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,542	3,592	\$	237,038.31	\$ 65.99	.280	\$ 153.72	\$ 18.49
CLINIC	454	1,761		46,097.72	26.18	.137	101.54	3.59
SURGICENTER	3	14		500.36	35.74	.001	166.79	.04
HEROIN DETOX CLINIC	1	17		203.82	11.99	.001	203.82	.02
RURAL HEALTH CLINIC	1,099	1,800		190,236.41	105.69	.140	173.10	14.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,828
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	12,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	472	3,548	\$	115,549.78	\$ 32.57	.277	\$ 244.81	\$ 9.01
DURABLE MED. EQUIP.	27	464		27,025.37	58.24	.036	1000.94	2.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	99	2,044		31,860.40	15.59	.159	321.82	2.48
AMBULANCES/AIR TRANS	99	2,039		22,860.40	11.21	.159	230.91	1.78
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	5		9,000.00	1800.00	.000	1800.00	.70
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	111	111		8,733.00	78.68	.009	78.68	.68
IHMC,MODEL-NF,NF,AIDS,MSSP	1	1		19.75	19.75	.000	19.75	.00
OCCUPATIONAL THERAPIST	4	70		971.33	13.88	.005	242.83	.08
OPTICIAN	97	217		2,167.85	9.99	.017	22.35	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	22	79		8,959.93	113.42	.006	407.27	.70
PROSTHETICS	9	64		7,723.88	120.69	.005	858.21	.60
ORTHOTICS	13	15		1,236.05	82.40	.001	95.08	.10
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	55		12,004.00	218.25	.004	480.16	.94
HOSPICE SERVICES	2	86		10,845.47	126.11	.007	5422.74	.85
NONINST BIRTHING CENTERS	9	9		8,407.84	934.20	.001	934.20	.66

LOCAL EDUCATION AGENCIES	83	411		4,529.84	11.02	.032	54.58	.35
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	251	2,234	\$	823,016.51	\$ 368.40	.174	\$ 3278.95	\$ 64.18
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 14,829

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	64	\$ 8,920.90	\$ 139.39	8.000	\$ 810.99	\$ 1115.11
@PHYSICIANS SERVICES	8	18	\$ 207.94	\$ 11.55	2.250	\$ 25.99	\$ 25.99
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	18	207.94	11.55	2.250	25.99	25.99
@PHARMACY	8	22	\$ 3,401.60	\$ 154.62	2.750	\$ 425.20	\$ 425.20
PRESCRIPTION DRUGS	8	22	3,401.60	154.62	2.750	425.20	425.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	22	3,401.60	154.62	2.750	425.20	425.20
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,830
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	15	\$ 1,119.87	\$ 74.66	1.875	\$ 559.94	\$ 139.98
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	15	1,119.87	74.66	1.875	559.94	139.98
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	15	1,119.87	74.66	1.875	559.94	139.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,831
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	15	\$ 1,119.87	\$ 74.66	1.875 \$ 559.94 \$ 139.98
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	2	15	1,119.87	74.66	1.875 559.94 139.98
MEDICAL	0	0	.00	.00	.000 .00 .00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	15		1,119.87	74.66	1.875	559.94	139.98
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	9	\$	4,191.49	\$	465.72	1.125	\$ 523.94
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	9		4,191.49	465.72	1.125	523.94	523.94
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 14,832
01/17/03

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	10	42	\$	5,519.30	\$	131.41	5.250 \$ 551.93 \$ 689.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 14,833
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

PAGE 14,834
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,836
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

PAGE 14,837
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,839
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,840
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS								AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	0	0		.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.000	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,841
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						----- MONTHLY AVERAGE -----		
5,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,723	18,264	\$ 2,510,623.12	\$ 137.46	3.568	\$ 922.01	\$ 490.45	
@PHYSICIANS SERVICES	1,009	3,022	\$ 207,209.23	\$ 68.57	.590	\$ 205.36	\$ 40.48	
OUTPATIENT VISITS	263	477	21,503.95	45.08	.093	81.76	4.20	
OFFICE VISITS	38	48	1,834.92	38.23	.009	48.29	.36	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	168	205	10,447.15	50.96	.040	62.19	2.04	
PREVENTIVE CARE	5	5	273.45	54.69	.001	54.69	.05	
OB VISITS/COMPRE PERI	60	218	8,927.49	40.95	.043	148.79	1.74	
OTHER OUTPATIENT	1	1	20.94	20.94	.000	20.94	.00	
INPATIENT VISITS	207	607	44,464.08	73.25	.119	214.80	8.69	
HOSPITAL VISITS	195	434	19,843.07	45.72	.085	101.76	3.88	
CRITICAL CARE	25	170	24,538.51	144.34	.033	981.54	4.79	
SNF/ICF/TRANS IP CARE	3	3	82.50	27.50	.001	27.50	.02	
OPHTHALMOLOGICAL SERVICES	1	1	39.86	39.86	.000	39.86	.01	
EXAMINATIONS	1	1	39.86	39.86	.000	39.86	.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	241	956	105,316.59	110.16	.187	437.00	20.57	
PRINCIPAL SURGEON	166	174	85,457.54	491.14	.034	514.80	16.69	
ASSISTANT SURGEON	25	26	4,949.13	190.35	.005	197.97	.97	
ANESTHESIOLOGIST	80	756	14,909.92	19.72	.148	186.37	2.91	
OUTPATIENT SURGERY	45	114	6,720.25	58.95	.022	149.34	1.31	
PRINCIPAL SURGEON	31	36	4,784.23	132.90	.007	154.33	.93	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	78	1,936.02	24.82	.015	129.07	.38
DIALYSIS	5	17	1,299.16	76.42	.003	259.83	.25
PATHOLOGY	82	113	2,804.23	24.82	.022	34.20	.55
RADIOLOGY	441	583	16,499.98	28.30	.114	37.41	3.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	66.66	33.33	.000	33.33	.01
OTHER SERVICES/ALL X-OVERS	79	152	8,494.47	55.88	.030	107.52	1.66
@PHARMACY	623	1,452	\$ 61,040.81	\$ 42.04	.284	\$ 97.98	\$ 11.92
PRESCRIPTION DRUGS	591	1,262	50,660.30	40.14	.247	85.72	9.90
SNF/ICF	4	20	775.17	38.76	.004	193.79	.15
OUTPATIENTS	587	1,242	49,885.13	40.17	.243	84.98	9.75
MEDICAL SUPPLIES	72	190	10,380.51	54.63	.037	144.17	2.03
@DENTIST	15	43	\$ 202.00	\$ 4.70	.008	\$ 13.47	\$.04
VISITS - DIAGNOSTIC	13	33	202.00	6.12	.006	15.54	.04
ORAL SURGERY	5	7	.00	.00	.001	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	3	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 14,842 01/17/03

5,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	51	84	\$ 4,324.22	\$ 51.48	.016	\$ 84.79	\$.84
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	109	1,044	\$ 31,730.55	\$ 30.39	.204	\$ 291.11	\$ 6.20
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,202	6,281	\$ 1,943,281.14	\$ 309.39	1.227	\$ 1616.71	\$ 379.62
HOSP INPATIENT TOTAL	241	1,141	1,797,252.07	1575.16	.223	7457.48	351.09
HSC HOSPITALS	10	39	53,250.02	1365.39	.008	5325.00	10.40
NON-HSC HOSPITAL TOTAL	230	1,101	1,743,210.05	1583.30	.215	7579.17	340.54
ACCOMMODATIONS	230	1,101	772,550.23	701.68	.215	3358.91	150.92

ADMINISTRATIVE DAYS	2	9	1,831.96	203.55	.002	915.98	.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	229	1,092	770,718.27	705.79	.213	3365.58	150.56
ANCILLARIES	230	0	970,659.82	.00	.000	4220.26	189.62
INPATIENT CROSSOVERS	1	1	792.00	792.00	.000	792.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,056	5,140	146,029.07	28.41	1.004	138.29	28.53
MEDICAL	112	149	7,103.16	47.67	.029	63.42	1.39
SURGERY	119	160	5,730.81	35.82	.031	48.16	1.12
PATHOLOGY	533	1,910	25,126.32	13.16	.373	47.14	4.91
RADIOLOGY	387	468	30,333.36	64.81	.091	78.38	5.93
ROOM USE	537	861	30,822.91	35.80	.168	57.40	6.02
CROSSOVERS/ALL OTH OUTPTNT	437	1,592	46,912.51	29.47	.311	107.35	9.16
@COUNTY HOSPITAL TOTAL	9	33	\$ 1,254.09	\$ 38.00	.006	\$ 139.34	\$.24
CO HOSPITAL INPATIENT TOTAL	0	0	15.39CR	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	15.39CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	15.39CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	33	1,269.48	38.47	.006	141.05	.25
MEDICAL	0	0	45.64	.00	.000	.00	.01
SURGERY	2	3	84.15	28.05	.001	42.08	.02
PATHOLOGY	7	18	244.13	13.56	.004	34.88	.05
RADIOLOGY	0	0	6.96	.00	.000	.00	.00
ROOM USE	3	5	326.24	65.25	.001	108.75	.06
CROSSOVERS/ALL OTH OUTPTNT	4	7	562.36	80.34	.001	140.59	.11

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SONOMA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					----- MONTHLY AVERAGE -----			
5,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,194	6,248	\$ 1,942,027.05	\$ 310.82	1.221	\$ 1626.49	\$ 379.38	
COMM HOSP INPATIENT TOTAL	241	1,141	1,797,267.46	1575.17	.223	7457.54	351.10	
HSC HOSPITALS	10	39	53,250.02	1365.39	.008	5325.00	10.40	
NON-HSC HOSPITALS TOTAL	230	1,101	1,743,225.44	1583.31	.215	7579.24	340.54	
ACCOMMODATIONS	230	1,101	772,565.62	701.69	.215	3358.98	150.92	
ADMINISTRATIVE DAYS	2	9	1,847.35	205.26	.002	923.68	.36	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	229	1,092	770,718.27	705.79	.213	3365.58	150.56	
ANCILLARIES	230	0	970,659.82	.00	.000	4220.26	189.62	
INPATIENT CROSSOVERS	1	1	792.00	792.00	.000	792.00	.15	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,048	5,107	144,759.59	28.35	.998	138.13	28.28	
MEDICAL	112	149	7,057.52	47.37	.029	63.01	1.38	
SURGERY	117	157	5,646.66	35.97	.031	48.26	1.10	
PATHOLOGY	527	1,892	24,882.19	13.15	.370	47.21	4.86	
RADIOLOGY	387	468	30,326.40	64.80	.091	78.36	5.92	
ROOM USE	534	856	30,496.67	35.63	.167	57.11	5.96	
CROSSOVERS/ALL OTH OUTPTNT	433	1,585	46,350.15	29.24	.310	107.04	9.05	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	121	\$ 13,940.41	\$ 115.21	.024	\$ 2788.08	\$ 2.72
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	121	13,940.41	115.21	.024	2788.08	2.72
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	160	\$ 6,797.65	\$ 42.49	.031	\$ 2265.88	\$ 1.33
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	160	6,797.65	42.49	.031	2265.88	1.33
@REHABILITATION FACILITY	6	193	\$ 2,557.42	\$ 13.25	.038	\$ 426.24	\$.50
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	193	2,557.42	13.25	.038	426.24	.50
@LABORATORY FACILITY	502	1,408	\$ 22,560.55	\$ 16.02	.275	\$ 44.94	\$ 4.41
PATHOLOGY	502	1,408	22,560.55	16.02	.275	44.94	4.41
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	898	3,174	\$ 187,854.63	\$ 59.19	.620	\$ 209.19	\$ 36.70
CLINIC	190	1,452	29,223.37	20.13	.284	153.81	5.71
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	711	1,722	158,631.26	92.12	.336	223.11	30.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

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	5,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	250	1,282	\$ 29,124.51	\$ 22.72	.250	\$ 116.50	\$ 5.69	
DURABLE MED. EQUIP.	11	205	823.37	4.02	.040	74.85	.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	38	446	6,157.33	13.81	.087	162.04	1.20	
AMBULANCES/AIR TRANS	38	446	6,157.33	13.81	.087	162.04	1.20	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	159	162	14,123.00	87.18	.032	88.82	2.76	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	18	29	1,959.13	67.56	.006	108.84	.38	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	29	37	2,830.97	76.51	.007	97.62	.55	
PROSTHETICS	3	10	394.30	39.43	.002	131.43	.08	
ORTHOTICS	26	27	2,436.67	90.25	.005	93.72	.48	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	3	3	3,021.69	1007.23	.001	1007.23	.59	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	400	209.02	.52	.078	209.02	.04
@CALIF. CHILDREN SERVICES*	37	978	\$ 175,277.82	\$ 179.22	.191	\$ 4737.24	\$ 34.24
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 792.00	\$.00	.000	\$ 792.00	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,845
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES	AID CODES 01 02 08

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	21	73	\$ 1,969.35	\$ 26.98	3.174	\$ 93.78	\$ 85.62
@PHYSICIANS SERVICES	4	4	\$ 93.41	\$ 23.35	.174	\$ 23.35	\$ 4.06
OUTPATIENT VISITS	2	2	48.76	24.38	.087	24.38	2.12
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	48.76	24.38	.087	24.38	2.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	44.65	22.33	.087	22.33	1.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	8	19	\$ 290.74	\$ 15.30	.826	\$ 36.34	\$ 12.64
PRESCRIPTION DRUGS	8	19	290.74	15.30	.826	36.34	12.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	19	290.74	15.30	.826	36.34	12.64
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	9	\$ 439.00	\$ 48.78	.391	\$ 219.50	\$ 19.09
VISITS - DIAGNOSTIC	1	3	65.00	21.67	.130	65.00	2.83
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1	200.00	200.00	.043	200.00	8.70
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	5	174.00	34.80	.217	174.00	7.57
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	17	\$	489.75	\$	28.81	.739	\$	97.95	\$	21.29
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	17		489.75		28.81	.739		97.95		21.29
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		75.11		75.11	.043		75.11		3.27
ROOM USE	5	6		190.96		31.83	.261		38.19		8.30
CROSSOVERS/ALL OTH OUTPTNT	4	10		223.68		22.37	.435		55.92		9.73
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,847
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

	23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	17	\$	489.75	\$ 28.81	.739	\$ 97.95	\$ 21.29
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	17		489.75	28.81	.739	97.95	21.29
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	1	1		75.11	75.11	.043	75.11	3.27
ROOM USE	5	6		190.96	31.83	.261	38.19	8.30
CROSSOVERS/ALL OTH OUTPTNT	4	10		223.68	22.37	.435	55.92	9.73
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00		.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.000	.00	.00
LEV B-REHAB MD	0	0		.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
LEV B-REGULAR	0	0		.00		.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00		.000	.00	.00
ICF DD	0	0		.00		.000	.00	.00
ICF DDN/DDCN	0	0		.00		.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.000	.00	.00
@LABORATORY FACILITY	2	5	\$	90.70	\$	.217	\$	3.94
PATHOLOGY	2	5		90.70		.217	45.35	3.94
XO AND OTHERS	0	0		.00		.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	14	\$	381.67	\$	.609	\$	16.59
CLINIC	6	12		232.15		.522	38.69	10.09
SURGICENTER	0	0		.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00	.00
RURAL HEALTH CLINIC	2	2		149.52	74.76	.087	74.76	6.50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,848
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	3	5	\$ 184.08	\$ 36.82	.217	\$ 61.36
DURABLE MED. EQUIP.	1	2	62.44	31.22	.087	62.44
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.043	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	2	16.64	8.32	.087	16.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,849
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	75	1,383	\$ 108,826.75	\$ 78.69	30.733	\$ 1451.02	\$ 2418.37
@PHYSICIANS SERVICES	44	739	\$ 31,238.13	\$ 42.27	16.422	\$ 709.96	\$ 694.18
OUTPATIENT VISITS	26	42	1,621.15	38.60	.933	62.35	36.03
OFFICE VISITS	25	40	1,522.80	38.07	.889	60.91	33.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.022	68.35	1.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.022	30.00	.67
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.022	46.44	1.03
EXAMINATIONS	1	1	46.44	46.44	.022	46.44	1.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	17	364.83	21.46	.378	182.42	8.11
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17	364.83	21.46	.378	182.42	8.11
OUTPATIENT SURGERY	11	40	2,942.59	73.56	.889	267.51	65.39
PRINCIPAL SURGEON	6	6	1,991.16	331.86	.133	331.86	44.25
ASSISTANT SURGEON	1	1	134.77	134.77	.022	134.77	2.99
ANESTHESIOLOGIST	6	33	816.66	24.75	.733	136.11	18.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	51	1,617.94	31.72	1.133	107.86	35.95
RADIOLOGY	14	110	11,072.34	100.66	2.444	790.88	246.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	427	12,071.16	28.27	9.489	862.23	268.25
OTHER SERVICES/ALL X-OVERS	15	51	1,501.68	29.44	1.133	100.11	33.37
@PHARMACY	47	269	\$ 23,411.30	\$ 87.03	5.978	\$ 498.11	\$ 520.25
PRESCRIPTION DRUGS	46	162	23,066.18	142.38	3.600	501.44	512.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	46	162	23,066.18	142.38	3.600	501.44	512.58

MEDICAL SUPPLIES	5	107		345.12		3.23	2.378	69.02	7.67
@DENTIST	3	6	\$	230.00	\$	38.33	.133	\$ 76.67	\$ 5.11
VISITS - DIAGNOSTIC	3	5		175.00		35.00	.111	58.33	3.89
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		55.00		55.00	.022	55.00	1.22
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

PAGE 14,850 01/17/03

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.089	\$ 100.56	\$ 2.23	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.022	47.45	1.05	
EYE APPLIANCES	1	3	53.11	17.70	.067	53.11	1.18	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.044	\$ 104.99	\$ 2.33	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	27	155	\$ 33,950.12	\$ 219.03	3.444	\$ 1257.41	\$ 754.45	
HOSP INPATIENT TOTAL	3	5	28,876.23	5775.25	.111	9625.41	641.69	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	3	5	28,876.23	5775.25	.111	9625.41	641.69	
ACCOMMODATIONS	3	5	3,771.38	754.28	.111	1257.13	83.81	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	5	3,771.38	754.28	.111	1257.13	83.81	
ANCILLARIES	3	0	25,104.85	.00	.000	8368.28	557.89	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	24	150	5,073.89	33.83	3.333	211.41	112.75	
MEDICAL	9	17	779.43	45.85	.378	86.60	17.32	
SURGERY	10	14	449.78	32.13	.311	44.98	10.00	
PATHOLOGY	16	70	1,137.14	16.24	1.556	71.07	25.27	
RADIOLOGY	4	6	1,122.81	187.14	.133	280.70	24.95	
ROOM USE	9	30	1,415.13	47.17	.667	157.24	31.45	

CROSSTOVERS/ALL OTH OUTPTNT	5	13		169.60		13.05	.289	33.92	3.77
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,851
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	155	\$ 33,950.12	\$ 219.03	3.444	\$ 1257.41	\$ 754.45
COMM HOSP INPATIENT TOTAL	3	5	28,876.23	5775.25	.111	9625.41	641.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	5	28,876.23	5775.25	.111	9625.41	641.69
ACCOMMODATIONS	3	5	3,771.38	754.28	.111	1257.13	83.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	5	3,771.38	754.28	.111	1257.13	83.81
ANCILLARIES	3	0	25,104.85	.00	.000	8368.28	557.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	150	5,073.89	33.83	3.333	211.41	112.75
MEDICAL	9	17	779.43	45.85	.378	86.60	17.32
SURGERY	10	14	449.78	32.13	.311	44.98	10.00
PATHOLOGY	16	70	1,137.14	16.24	1.556	71.07	25.27
RADIOLOGY	4	6	1,122.81	187.14	.133	280.70	24.95
ROOM USE	9	30	1,415.13	47.17	.667	157.24	31.45
CROSSOVERS/ALL OTH OUTPTNT	5	13	169.60	13.05	.289	33.92	3.77
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	80	1,109.75	13.87	1.778	73.98	24.66
PATHOLOGY	15	80	1,109.75	13.87	1.778	73.98	24.66
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	15	1,132.24	75.48	.333	113.22	25.16
CLINIC	1	2	27.55	13.78	.044	27.55	.61
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	13	1,104.69	84.98	.289	122.74	24.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,852
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	113	\$ 17,549.66	\$ 155.31	2.511	\$ 4387.42	\$ 389.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.044	26.08	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	111	17,523.58	157.87	2.467	5841.19	389.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,853
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	171	\$ 19,817.96	\$ 115.89	6.577	\$ 1043.05	\$ 762.23
@PHYSICIANS SERVICES	12	130	\$ 3,587.19	\$ 27.59	5.000	\$ 298.93	\$ 137.97
OUTPATIENT VISITS	2	5	118.41	23.68	.192	59.21	4.55
OFFICE VISITS	2	5	118.41	23.68	.192	59.21	4.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	13	595.75	45.83	.500	198.58	22.91
HOSPITAL VISITS	3	12	555.75	46.31	.462	185.25	21.38
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	40.00	40.00	.038	40.00	1.54
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	75.95	75.95	.038	75.95	2.92
PRINCIPAL SURGEON	1	1	75.95	75.95	.038	75.95	2.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	80.00	26.67	.115	80.00	3.08
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.115	80.00	3.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	214.71	53.68	.154	107.36	8.26
RADIOLOGY	2	7	457.04	65.29	.269	228.52	17.58
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	80		1,665.91		20.82	3.077	416.48	64.07
OTHER SERVICES/ALL X-OVERS	3	17		379.42		22.32	.654	126.47	14.59
@PHARMACY	6	11	\$	985.06	\$	89.55	.423	\$ 164.18	\$ 37.89
PRESCRIPTION DRUGS	6	11		985.06		89.55	.423	164.18	37.89
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	6	11		985.06		89.55	.423	164.18	37.89
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SONOMA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								
	AID CODES OR 0T								

PAGE 14,854
01/17/03

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	21	\$ 14,783.22	\$ 703.96	.808	\$ 2956.64	\$ 568.59
HOSP INPATIENT TOTAL	2	5	14,298.60	2859.72	.192	7149.30	549.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	5	14,298.60	2859.72	.192	7149.30	549.95
ACCOMMODATIONS	2	5	3,066.80	613.36	.192	1533.40	117.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,066.80	613.36	.192	1533.40	117.95
ANCILLARIES	2	0	11,231.80	.00	.000	5615.90	431.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	3	16	484.62	30.29	.615	161.54	18.64
MEDICAL	1	1	9.41	9.41	.038	9.41	.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	156.06	22.29	.269	52.02	6.00
RADIOLOGY	2	2	192.90	96.45	.077	96.45	7.42
ROOM USE	2	2	62.45	31.23	.077	31.23	2.40
CROSSOVERS/ALL OTH OUTPTNT	2	4	63.80	15.95	.154	31.90	2.45
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,855
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY						AID CODES OR OT

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	21	\$ 14,783.22	\$ 703.96	.808	\$ 2956.64	\$ 568.59
COMM HOSP INPATIENT TOTAL	2	5	14,298.60	2859.72	.192	7149.30	549.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	5	14,298.60	2859.72	.192	7149.30	549.95
ACCOMMODATIONS	2	5	3,066.80	613.36	.192	1533.40	117.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,066.80	613.36	.192	1533.40	117.95
ANCILLARIES	2	0	11,231.80	.00	.000	5615.90	431.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	16	484.62	30.29	.615	161.54	18.64
MEDICAL	1	1	9.41	9.41	.038	9.41	.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	156.06	22.29	.269	52.02	6.00
RADIOLOGY	2	2	192.90	96.45	.077	96.45	7.42
ROOM USE	2	2	62.45	31.23	.077	31.23	2.40
CROSSOVERS/ALL OTH OUTPTNT	2	4	63.80	15.95	.154	31.90	2.45
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	1	2	\$	204.81	\$ 102.41	.077	\$ 204.81	\$ 7.88	
PATHOLOGY	1	2		204.81	102.41	.077	204.81	7.88	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	1	7	\$	257.68	\$ 36.81	.269	\$ 257.68	\$ 9.91	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	1	7		257.68	36.81	.269	257.68	9.91	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,856
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								AID CODES OR OT

						----- MONTHLY AVERAGE -----		
26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,857
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	94	1,554	\$ 128,644.71	\$ 82.78	21.887	\$ 1368.56	\$ 1811.90
@PHYSICIANS SERVICES	56	869	\$ 34,825.32	\$ 40.08	12.239	\$ 621.88	\$ 490.50
OUTPATIENT VISITS	28	47	1,739.56	37.01	.662	62.13	24.50
OFFICE VISITS	27	45	1,641.21	36.47	.634	60.79	23.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.014	68.35	.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.014	30.00	.42
INPATIENT VISITS	3	13	595.75	45.83	.183	198.58	8.39
HOSPITAL VISITS	3	12	555.75	46.31	.169	185.25	7.83
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	40.00	40.00	.014	40.00	.56
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.014	46.44	.65
EXAMINATIONS	1	1	46.44	46.44	.014	46.44	.65
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	18	440.78	24.49	.254	146.93	6.21
PRINCIPAL SURGEON	1	1	75.95	75.95	.014	75.95	1.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17	364.83	21.46	.239	182.42	5.14
OUTPATIENT SURGERY	12	43	3,022.59	70.29	.606	251.88	42.57
PRINCIPAL SURGEON	6	6	1,991.16	331.86	.085	331.86	28.04

ASSISTANT SURGEON	1	1	134.77	134.77	.014	134.77	1.90
ANESTHESIOLOGIST	7	36	896.66	24.91	.507	128.09	12.63
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	17	55	1,832.65	33.32	.775	107.80	25.81
RADIOLOGY	16	117	11,529.38	98.54	1.648	720.59	162.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	507	13,737.07	27.09	7.141	763.17	193.48
OTHER SERVICES/ALL X-OVERS	18	68	1,881.10	27.66	.958	104.51	26.49
@PHARMACY	53	280	\$ 24,396.36	\$ 87.13	3.944	\$ 460.31	\$ 343.61
PRESCRIPTION DRUGS	52	173	24,051.24	139.02	2.437	462.52	338.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	52	173	24,051.24	139.02	2.437	462.52	338.75
MEDICAL SUPPLIES	5	107	345.12	3.23	1.507	69.02	4.86
@DENTIST	3	6	\$ 230.00	\$ 38.33	.085	\$ 76.67	\$ 3.24
VISITS - DIAGNOSTIC	3	5	175.00	35.00	.070	58.33	2.46
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.014	55.00	.77
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

PAGE 14,858

01/17/03

71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.056	\$ 100.56	\$ 1.42
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.014	47.45	.67
EYE APPLIANCES	1	3	53.11	17.70	.042	53.11	.75
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.028	\$ 104.99	\$ 1.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	176	\$ 48,733.34	\$ 276.89	2.479	\$ 1522.92	\$ 686.39
HOSP INPATIENT TOTAL	5	10	43,174.83	4317.48	.141	8634.97	608.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	10	43,174.83	4317.48	.141	8634.97	608.10
ACCOMMODATIONS	5	10	6,838.18	683.82	.141	1367.64	96.31

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10	6,838.18	683.82	.141	1367.64	96.31
ANCILLARIES	5	0	36,336.65	.00	.000	7267.33	511.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27	166	5,558.51	33.49	2.338	205.87	78.29
MEDICAL	10	18	788.84	43.82	.254	78.88	11.11
SURGERY	10	14	449.78	32.13	.197	44.98	6.33
PATHOLOGY	19	77	1,293.20	16.79	1.085	68.06	18.21
RADIOLOGY	6	8	1,315.71	164.46	.113	219.29	18.53
ROOM USE	11	32	1,477.58	46.17	.451	134.33	20.81
CROSSOVERS/ALL OTH OUTPTNT	7	17	233.40	13.73	.239	33.34	3.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

	71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	176	\$	48,733.34	\$ 276.89	2.479	\$ 1522.92	\$ 686.39
COMM HOSP INPATIENT TOTAL	5	10		43,174.83	4317.48	.141	8634.97	608.10
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	10		43,174.83	4317.48	.141	8634.97	608.10
ACCOMMODATIONS	5	10		6,838.18	683.82	.141	1367.64	96.31
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10		6,838.18	683.82	.141	1367.64	96.31
ANCILLARIES	5	0		36,336.65	.00	.000	7267.33	511.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27	166		5,558.51	33.49	2.338	205.87	78.29
MEDICAL	10	18		788.84	43.82	.254	78.88	11.11
SURGERY	10	14		449.78	32.13	.197	44.98	6.33
PATHOLOGY	19	77		1,293.20	16.79	1.085	68.06	18.21
RADIOLOGY	6	8		1,315.71	164.46	.113	219.29	18.53
ROOM USE	11	32		1,477.58	46.17	.451	134.33	20.81
CROSSOVERS/ALL OTH OUTPTNT	7	17		233.40	13.73	.239	33.34	3.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	16	82	\$	1,314.56	\$	16.03	1.155	\$	82.16
PATHOLOGY	16	82		1,314.56		16.03	1.155		82.16
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	11	22	\$	1,389.92	\$	63.18	.310	\$	126.36
CLINIC	1	2		27.55		13.78	.028		27.55
SURGICENTER	1	7		257.68		36.81	.099		257.68
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	9	13		1,104.69		84.98	.183		122.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SONOMA COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL								

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	71 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	113	\$	17,549.66	\$ 155.31	1.592	\$ 4387.42	\$ 247.18
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.028	26.08	.37
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	3	111		17,523.58	157.87	1.563	5841.19	246.81
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29	2,332	\$ 2,590.23	\$ 1.11	31.093	\$ 89.32	\$ 34.54
@PHYSICIANS SERVICES	9	17	\$ 535.78	\$ 31.52	.227	\$ 59.53	\$ 7.14
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	9	17		535.78	31.52	.227	59.53	7.14	
@PHARMACY	0	0	\$	.00	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	2	9	\$	.00	\$	.120	\$	.00
VISITS - DIAGNOSTIC	2	9		.00	.00	.120	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,862
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SONOMA COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY								AID CODE

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 5.80	\$ 5.80	.013	\$ 5.80	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.80	5.80	.013	5.80	.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	15	\$	820.12	\$	54.67	.200	\$	102.52	\$	10.93
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	15		820.12		54.67	.200		102.52		10.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		21.78		.00	.000		.00		.29
CROSSOVERS/ALL OTH OUTPTNT	8	15		798.34		53.22	.200		99.79		10.64
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,863
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	15	\$ 820.12	\$ 54.67	.200	\$ 102.52	\$ 10.93
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	15	820.12	54.67	.200	102.52	10.93
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		21.78	.00	.000	.00	.29
CROSSOVERS/ALL OTH OUTPTNT	8	15		798.34	53.22	.200	99.79	10.64
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	415.13	\$ 207.57	.027	\$ 207.57	\$ 5.54
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		413.00	206.50	.027	206.50	5.51
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		2.13	.00	.000	.00	.03

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 14,864
01/17/03

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	2,288	\$ 813.40	\$.36	30.507	\$ 62.57	\$ 10.85
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	136.26	11.36	.160	68.13	1.82
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	12	136.26	11.36	.160	68.13	1.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	3.35	3.35	.013	3.35	.04
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	2,275	673.79	.30	30.333	67.38	8.98
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	27	2,323	\$ 2,566.32	\$ 1.10	30.973	\$ 95.05	\$ 34.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,865
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SONOMA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

13,132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,178	11,688	\$ 504,837.06	\$ 43.19	.890	\$ 120.83	\$ 38.44
@PHYSICIANS SERVICES	1,098	1,999	\$ 62,639.01	\$ 31.34	.152	\$ 57.05	\$ 4.77
OUTPATIENT VISITS	887	1,103	34,932.66	31.67	.084	39.38	2.66
OFFICE VISITS	568	725	20,263.59	27.95	.055	35.68	1.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	316	345	13,346.56	38.69	.026	42.24	1.02
PREVENTIVE CARE	30	30	1,154.67	38.49	.002	38.49	.09
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	167.84	55.95	.000	55.95	.01
INPATIENT VISITS	24	58	4,503.79	77.65	.004	187.66	.34
HOSPITAL VISITS	20	39	1,909.20	48.95	.003	95.46	.15
CRITICAL CARE	7	19	2,594.59	136.56	.001	370.66	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	16	16	652.03	40.75	.001	40.75	.05
EXAMINATIONS	13	13	638.59	49.12	.001	49.12	.05
SERVICES AND MATERIALS	3	3	13.44	4.48	.000	4.48	.00
INPATIENT HOSPITAL SURGERY	18	112	3,986.66	35.60	.009	221.48	.30
PRINCIPAL SURGEON	9	12	2,180.99	181.75	.001	242.33	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	100	1,805.67	18.06	.008	180.57	.14
OUTPATIENT SURGERY	78	268	11,479.19	42.83	.020	147.17	.87
PRINCIPAL SURGEON	51	57	6,457.84	113.30	.004	126.62	.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	32	211	5,021.35	23.80	.016	156.92	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	80	99	884.73	8.94	.008	11.06	.07
RADIOLOGY	119	151	2,496.32	16.53	.011	20.98	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	8	186.74	23.34	.001	26.68	.01
OTHER SERVICES/ALL X-OVERS	85	184	3,516.89	19.11	.014	41.38	.27
@PHARMACY	1,437	2,247	\$ 35,278.62	\$ 15.70	.171	\$ 24.55	\$ 2.69
PRESCRIPTION DRUGS	1,431	2,228	35,044.62	15.73	.170	24.49	2.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,431	2,228	35,044.62	15.73	.170	24.49	2.67

MEDICAL SUPPLIES	21	19		234.00		12.32	.001	11.14	.02
@DENTIST	410	2,199	\$	74,535.83	\$	33.90	.167	181.79	5.68
VISITS - DIAGNOSTIC	311	1,144		18,292.08		15.99	.087	58.82	1.39
ORAL SURGERY	43	98		3,567.75		36.41	.007	82.97	.27
DRUGS	7	11		170.00		15.45	.001	24.29	.01
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	65	183		12,330.50		67.38	.014	189.70	.94
RESTORATIVE DENTISTRY	163	751		38,615.50		51.42	.057	236.90	2.94
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	11	12		1,560.00		130.00	.001	141.82	.12
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 14,866
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM								AID CODES 72 74 8N

	13,132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	36	\$	1,167.51	\$ 32.43	.003	\$ 61.45	\$.09
DIAGNOSTIC AND ANC. PROCED	10	10		438.75	43.88	.001	43.88	.03
EYE APPLIANCES	7	18		267.36	14.85	.001	38.19	.02
OTHER OPTOMETRIC SERVICES	8	8		461.40	57.68	.001	57.68	.04
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,074	2,633	\$ 187,977.45	\$ 71.39	.201	\$ 175.03	\$ 14.31
HOSP INPATIENT TOTAL	21	57	112,406.36	1972.04	.004	5352.68	8.56
HSC HOSPITALS	3	18	31,338.00	1741.00	.001	10446.00	2.39
NON-HSC HOSPITAL TOTAL	18	39	81,068.36	2078.68	.003	4503.80	6.17
ACCOMMODATIONS	18	39	27,953.04	716.74	.003	1552.95	2.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	39	27,953.04	716.74	.003	1552.95	2.13
ANCILLARIES	18	0	53,115.32	.00	.000	2950.85	4.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,058	2,576	75,571.09	29.34	.196	71.43	5.75
MEDICAL	365	433	14,364.13	33.17	.033	39.35	1.09
SURGERY	80	81	3,528.13	43.56	.006	44.10	.27
PATHOLOGY	243	484	4,386.09	9.06	.037	18.05	.33
RADIOLOGY	116	147	6,394.53	43.50	.011	55.13	.49
ROOM USE	845	1,058	41,189.62	38.93	.081	48.75	3.14
CROSSOVERS/ALL OTH OUTPTNT	284	373	5,708.59	15.30	.028	20.10	.43
@COUNTY HOSPITAL TOTAL	0	0	\$ 7.16	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	7.16	.00	.000	.00	.00
MEDICAL	0	0	7.16	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,867
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	13,132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,074	2,633	\$	187,970.29	\$ 71.39	.201	\$ 175.02	\$ 14.31
COMM HOSP INPATIENT TOTAL	21	57		112,406.36	1972.04	.004	5352.68	8.56
HSC HOSPITALS	3	18		31,338.00	1741.00	.001	10446.00	2.39
NON-HSC HOSPITALS TOTAL	18	39		81,068.36	2078.68	.003	4503.80	6.17
ACCOMMODATIONS	18	39		27,953.04	716.74	.003	1552.95	2.13
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	18	39	27,953.04	716.74	.003	1552.95	2.13
ANCILLARIES	18	0	53,115.32	.00	.000	2950.85	4.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,058	2,576	75,563.93	29.33	.196	71.42	5.75
MEDICAL	365	433	14,356.97	33.16	.033	39.33	1.09
SURGERY	80	81	3,528.13	43.56	.006	44.10	.27
PATHOLOGY	243	484	4,386.09	9.06	.037	18.05	.33
RADIOLOGY	116	147	6,394.53	43.50	.011	55.13	.49
ROOM USE	845	1,058	41,189.62	38.93	.081	48.75	3.14
CROSSOVERS/ALL OTH OUTPTNT	284	373	5,708.59	15.30	.028	20.10	.43
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	147	1,972.54	13.42	.011	328.76	.15
HOSPITAL BASED	0	2CR	115.57CR	57.79	.000	.00	.01CR
INDEPENDENT FACILITY	6	149	2,088.11	14.01	.011	348.02	.16
@LABORATORY FACILITY	134	241	2,685.71	11.14	.018	20.04	.20
PATHOLOGY	134	241	2,685.71	11.14	.018	20.04	.20
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,057	1,348	122,181.03	90.64	.103	115.59	9.30
CLINIC	75	115	3,228.15	28.07	.009	43.04	.25
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	982	1,233	118,952.88	96.47	.094	121.13	9.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,868
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						
			AID CODES 72 74 8N				

				----- MONTHLY AVERAGE -----			
13,132 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	154	838	\$ 16,399.36	\$ 19.57	.064	\$ 106.49	\$ 1.25
DURABLE MED. EQUIP.	21	22	1,870.93	85.04	.002	89.09	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	11	3,425.04	311.37	.001	1712.52	.26
MEDICAL TRANSPORTATION	11	204	2,073.27	10.16	.016	188.48	.16
AMBULANCES/AIR TRANS	11	204	2,073.27	10.16	.016	188.48	.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	16	35		391.56	11.19	.003	24.47	.03
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9		1,157.82	128.65	.001	578.91	.09
PROSTHETICS	2	9		1,157.82	128.65	.001	578.91	.09
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	39		1,882.85	48.28	.003	110.76	.14
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	86	518		5,597.89	10.81	.039	65.09	.43
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	47	284	\$	62,397.36	\$ 219.71	.022	\$ 1327.60	\$ 4.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,869
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R

10,824 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,627	9,498	\$ 395,550.00	\$ 41.65	.877	\$ 150.57	\$ 36.54
@PHYSICIANS SERVICES	506	934	\$ 39,428.65	\$ 42.21	.086	\$ 77.92	\$ 3.64
OUTPATIENT VISITS	359	427	14,274.34	33.43	.039	39.76	1.32
OFFICE VISITS	238	285	8,731.34	30.64	.026	36.69	.81
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	118	134	5,172.11	38.60	.012	43.83	.48
PREVENTIVE CARE	6	6	304.23	50.71	.001	50.71	.03
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	2	66.66	33.33	.000	22.22	.01
INPATIENT VISITS	16	55	4,313.45	78.43	.005	269.59	.40
HOSPITAL VISITS	14	29	1,388.72	47.89	.003	99.19	.13
CRITICAL CARE	4	26	2,924.73	112.49	.002	731.18	.27
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	15	728.53	48.57	.001	52.04	.07
EXAMINATIONS	13	14	723.49	51.68	.001	55.65	.07
SERVICES AND MATERIALS	1	1	5.04	5.04	.000	5.04	.00
INPATIENT HOSPITAL SURGERY	14	39	5,162.98	132.38	.004	368.78	.48
PRINCIPAL SURGEON	9	9	4,343.43	482.60	.001	482.60	.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	30	819.55	27.32	.003	163.91	.08
OUTPATIENT SURGERY	44	120	6,220.74	51.84	.011	141.38	.57
PRINCIPAL SURGEON	38	49	4,446.84	90.75	.005	117.02	.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	71	1,773.90	24.98	.007	253.41	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	34	45	605.54	13.46	.004	17.81	.06
RADIOLOGY	117	181	5,907.86	32.64	.017	50.49	.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	1		29.18	29.18	.000	29.18	.00
OTHER SERVICES/ALL X-OVERS	35	51		2,186.03	42.86	.005	62.46	.20
@PHARMACY	647	1,096	\$	42,070.99	\$ 38.39	.101	\$ 65.02	\$ 3.89
PRESCRIPTION DRUGS	644	1,090		41,876.89	38.42	.101	65.03	3.87
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	644	1,090		41,876.89	38.42	.101	65.03	3.87
MEDICAL SUPPLIES	6	6		194.10	32.35	.001	32.35	.02
@DENTIST	515	2,620	\$	72,524.40	\$ 27.68	.242	\$ 140.82	\$ 6.70
VISITS - DIAGNOSTIC	366	1,777		27,180.65	15.30	.164	74.26	2.51
ORAL SURGERY	90	169		9,233.00	54.63	.016	102.59	.85
DRUGS	11	12		159.00	13.25	.001	14.45	.01
ANESTHESIA	5	5		500.00	100.00	.000	100.00	.05
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	39	51		4,617.00	90.53	.005	118.38	.43
RESTORATIVE DENTISTRY	206	547		25,389.75	46.42	.051	123.25	2.35
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	14	15		1,840.00	122.67	.001	131.43	.17
MAXILLOFACIAL SERVICES	3	3		150.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	33	39		3,380.00	86.67	.004	102.42	.31
ALL OTHER SERVICES	2	2		75.00	37.50	.000	37.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
				AID CODES 7A 7C 8R				PAGE 14,870
								01/17/03

10,824 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	66	155	\$	4,039.42	\$ 26.06	.014	\$ 61.20	\$.37
DIAGNOSTIC AND ANC. PROCED	42	44		1,958.31	44.51	.004	46.63	.18
EYE APPLIANCES	36	101		1,437.01	14.23	.009	39.92	.13
OTHER OPTOMETRIC SERVICES	10	10		644.10	64.41	.001	64.41	.06
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	8	\$	297.60	\$ 37.20	.001	\$ 42.51	\$.03
MEDICINE/INJECTIONS	4	5		149.04	29.81	.000	37.26	.01
SURGERY/ANES.	2	2		108.16	54.08	.000	54.08	.01
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		40.40	40.40	.000	40.40	.00
@HOME HEALTH AGENCY	3	6	\$	309.49	\$ 51.58	.001	\$ 103.16	\$.03
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	475	1,487	\$	135,474.53	\$ 91.11	.137	\$ 285.21	\$ 12.52
HOSP INPATIENT TOTAL	14	41		91,979.27	2243.40	.004	6569.95	8.50
HSC HOSPITALS	1	1		1,650.00	1650.00	.000	1650.00	.15
NON-HSC HOSPITAL TOTAL	13	40		90,329.27	2258.23	.004	6948.41	8.35
ACCOMMODATIONS	13	40		28,294.10	707.35	.004	2176.47	2.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	40		28,294.10	707.35	.004	2176.47	2.61
ANCILLARIES	13	0		62,035.17	.00	.000	4771.94	5.73
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	464	1,446	43,495.26	30.08	.134	93.74	4.02
MEDICAL	163	192	7,246.10	37.74	.018	44.45	.67
SURGERY	50	55	2,700.55	49.10	.005	54.01	.25
PATHOLOGY	113	324	3,772.74	11.64	.030	33.39	.35
RADIOLOGY	106	149	7,883.37	52.91	.014	74.37	.73
ROOM USE	363	437	16,405.00	37.54	.040	45.19	1.52
CROSSOVERS/ALL OTH OUTPTNT	135	289	5,487.50	18.99	.027	40.65	.51
@COUNTY HOSPITAL TOTAL	0	0	7.82	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	7.82	.00	.000	.00	.00
MEDICAL	0	0	7.82	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 14,871
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
10,824 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	475	1,487	\$ 135,466.71	\$ 91.10	.137	\$ 285.19	\$ 12.52

COMM HOSP INPATIENT TOTAL	14	41		91,979.27	2243.40	.004	6569.95	8.50
HSC HOSPITALS	1	1		1,650.00	1650.00	.000	1650.00	.15
NON-HSC HOSPITALS TOTAL	13	40		90,329.27	2258.23	.004	6948.41	8.35
ACCOMMODATIONS	13	40		28,294.10	707.35	.004	2176.47	2.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	40		28,294.10	707.35	.004	2176.47	2.61
ANCILLARIES	13	0		62,035.17	.00	.000	4771.94	5.73
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	464	1,446		43,487.44	30.07	.134	93.72	4.02
MEDICAL	163	192		7,238.28	37.70	.018	44.41	.67
SURGERY	50	55		2,700.55	49.10	.005	54.01	.25
PATHOLOGY	113	324		3,772.74	11.64	.030	33.39	.35
RADIOLOGY	106	149		7,883.37	52.91	.014	74.37	.73
ROOM USE	363	437		16,405.00	37.54	.040	45.19	1.52
CROSSOVERS/ALL OTH OUTPTNT	135	289		5,487.50	18.99	.027	40.65	.51
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	30	\$	514.87	\$ 17.16	.003	\$ 85.81	\$.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	30		514.87	17.16	.003	85.81	.05
@LABORATORY FACILITY	81	187	\$	2,793.41	\$ 14.94	.017	\$ 34.49	\$.26
PATHOLOGY	81	187		2,793.41	14.94	.017	34.49	.26
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	561	844	\$	74,914.04	\$ 88.76	.078	\$ 133.54	\$ 6.92
CLINIC	49	114		2,765.22	24.26	.011	56.43	.26
SURGICENTER	1	7		272.68	38.95	.001	272.68	.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	513	723		71,876.14	99.41	.067	140.11	6.64

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

PAGE 14,872
01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
10,824 ELIGIBLES							
@ALL OTHER PROVIDERS	413	2,130	\$ 23,165.88	\$ 10.88	.197	\$ 56.09	\$ 2.14
DURABLE MED. EQUIP.	2	9	246.03	27.34	.001	123.02	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	64.96	64.96	.000	64.96	.01
MEDICAL TRANSPORTATION	14	215	2,380.33	11.07	.020	170.02	.22

AMBULANCES/AIR TRANS	14	215	2,380.33	11.07	.020	170.02	.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	265.00	88.33	.000	88.33	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	59	131	1,264.22	9.65	.012	21.43	.12
PHYSICAL THERAPIST	1	2	51.88	25.94	.000	51.88	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	1,541.48	192.69	.001	513.83	.14
PROSTHETICS	3	8	1,541.48	192.69	.001	513.83	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	344.80	43.10	.001	86.20	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	329	1,753	17,007.18	9.70	.162	51.69	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	32	199	\$ 10,312.67	\$ 51.82	.018	\$ 322.27	\$.95
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,873
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,430	17,318	\$ 883,769.50	\$ 51.03	.000	\$ 162.76	\$.00
@PHYSICIANS SERVICES	553	978	\$ 32,511.94	\$ 33.24	.000	\$ 58.79	\$.00
OUTPATIENT VISITS	93	405	12,705.86	31.37	.000	136.62	.00
OFFICE VISITS	11	11	189.89	17.26	.000	17.26	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	85	394	12,515.97	31.77	.000	147.25	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	8	591.03	73.88	.000	147.76	.00
PRINCIPAL SURGEON	2	2	347.83	173.92	.000	173.92	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6	243.20	40.53	.000	121.60	.00
OUTPATIENT SURGERY	44	77	6,830.86	88.71	.000	155.25	.00
PRINCIPAL SURGEON	42	59	6,410.95	108.66	.000	152.64	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	18	419.91	23.33	.000	83.98	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	252	255	4,248.68	16.66	.000	16.86	.00
RADIOLOGY	208	215	7,562.51	35.17	.000	36.36	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	6	513.00	85.50	.000	256.50	.00
OTHER SERVICES/ALL X-OVERS	2	12	60.00	5.00	.000	30.00	.00
@PHARMACY	248	413	\$ 15,756.65	\$ 38.15	.000	\$ 63.53	\$.00
PRESCRIPTION DRUGS	218	318	10,516.33	33.07	.000	48.24	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	218	318	10,516.33	33.07	.000	48.24	.00
MEDICAL SUPPLIES	40	95	5,240.32	55.16	.000	131.01	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PAGE 14,874
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	396	2,633	\$ 79,880.74	\$ 30.34	.000	\$ 201.72	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	824	1,789	\$ 91,080.23	\$ 50.91	.000	\$ 110.53	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	824	1,789	91,080.23	50.91	.000	110.53	.00
MEDICAL	2	2	42.19	21.10	.000	21.10	.00
SURGERY	67	96	3,070.59	31.99	.000	45.83	.00
PATHOLOGY	317	425	16,168.93	38.04	.000	51.01	.00
RADIOLOGY	393	404	27,069.85	67.00	.000	68.88	.00
ROOM USE	181	247	7,992.91	32.36	.000	44.16	.00
CROSSOVERS/ALL OTH OUTPTNT	144	615	36,735.76	59.73	.000	255.11	.00
@COUNTY HOSPITAL TOTAL	1	3	\$ 138.34	\$ 46.11	.000	\$ 138.34	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	138.34	46.11	.000	138.34	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	104.92	52.46	.000	104.92	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,875
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	823	1,786	\$ 90,941.89	\$ 50.92	.000	\$ 110.50	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	823	1,786	90,941.89	50.92	.000	110.50	.00
MEDICAL	2	2	42.19	21.10	.000	21.10	.00
SURGERY	67	96	3,070.59	31.99	.000	45.83	.00
PATHOLOGY	316	423	16,064.01	37.98	.000	50.84	.00
RADIOLOGY	393	404	27,069.85	67.00	.000	68.88	.00
ROOM USE	180	246	7,959.49	32.36	.000	44.22	.00
CROSSOVERS/ALL OTH OUTPTNT	144	615	36,735.76	59.73	.000	255.11	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,181	4,397	\$	121,831.63	\$	27.71	.000 \$	55.86 \$
PATHOLOGY	2,181	4,397		121,831.63		27.71	.000	55.86
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2,951	6,936	\$	525,402.56	\$	75.75	.000 \$	178.04 \$
CLINIC	1,024	3,164		179,184.94		56.63	.000	174.99
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	1,941	3,772		346,217.62		91.79	.000	178.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F							

PAGE 14,876
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	170	172 \$	17,305.75	\$ 100.61	.000 \$	101.80 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00 .00
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00 .00
OTHER TRANS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	170	172	17,305.75	100.61	.000	101.80 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	0	0	.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00 .00
PROSTHETICS	0	0	.00	.00	.000	.00 .00
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00 .00
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$.00	.000 \$	.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$.00	.000 \$	.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,877
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	2 \$	12.51	\$ 6.26	.000	\$ 12.51	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	2	\$	12.51	\$	6.26	.000	\$ 12.51	\$.00
PRESCRIPTION DRUGS	1	2		12.51		6.26	.000	12.51	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	2		12.51		6.26	.000	12.51	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,878
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,879
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						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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						----- MONTHLY AVERAGE -----		
2,883 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	638	4,359	\$ 381,714.03	\$ 87.57	1.512	\$ 598.30	\$ 132.40	
@PHYSICIANS SERVICES	173	812	\$ 45,308.37	\$ 55.80	.282	\$ 261.90	\$ 15.72	
OUTPATIENT VISITS	58	113	5,462.36	48.34	.039	94.18	1.89	
OFFICE VISITS	15	21	744.64	35.46	.007	49.64	.26	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	15	18	782.43	43.47	.006	52.16	.27	
PREVENTIVE CARE	1	1	45.18	45.18	.000	45.18	.02	
OB VISITS/COMPRE PERI	31	73	3,890.11	53.29	.025	125.49	1.35	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	27	135	12,027.31	89.09	.047	445.46	4.17	

HOSPITAL VISITS	24	75	3,521.27	46.95	.026	146.72	1.22
CRITICAL CARE	7	60	8,506.04	141.77	.021	1215.15	2.95
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	373	19,245.91	51.60	.129	520.16	6.68
PRINCIPAL SURGEON	19	21	14,678.49	698.98	.007	772.55	5.09
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	19	351	4,380.92	12.48	.122	230.57	1.52
OUTPATIENT SURGERY	23	36	3,599.36	99.98	.012	156.49	1.25
PRINCIPAL SURGEON	20	20	3,113.46	155.67	.007	155.67	1.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	16	485.90	30.37	.006	80.98	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	22	29	497.44	17.15	.010	22.61	.17
RADIOLOGY	59	73	2,907.48	39.83	.025	49.28	1.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	22	427.98	19.45	.008	38.91	.15
OTHER SERVICES/ALL X-OVERS	12	31	1,140.53	36.79	.011	95.04	.40
@PHARMACY	86	155	\$ 3,246.11	\$ 20.94	.054	\$ 37.75	\$ 1.13
PRESCRIPTION DRUGS	86	148	3,227.07	21.80	.051	37.52	1.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	86	148	3,227.07	21.80	.051	37.52	1.12
MEDICAL SUPPLIES	1	7	19.04	2.72	.002	19.04	.01
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,883 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	16	\$	828.96	\$ 51.81	.006	\$ 75.36	\$.29
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	55	837	\$	17,911.69	\$ 21.40	.290	\$ 325.67	\$ 6.21
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	154	939	\$	250,749.65	\$ 267.04	.326	\$ 1628.24	\$ 86.98
HOSP INPATIENT TOTAL	33	162		229,505.38	1416.70	.056	6954.71	79.61
HSC HOSPITALS	2	40		72,000.00	1800.00	.014	36000.00	24.97
NON-HSC HOSPITAL TOTAL	32	122		157,505.38	1291.03	.042	4922.04	54.63
ACCOMMODATIONS	32	122		74,979.32	614.58	.042	2343.10	26.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	122		74,979.32	614.58	.042	2343.10	26.01
ANCILLARIES	32	0		82,526.06	.00	.000	2578.94	28.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	132	777		21,244.27	27.34	.270	160.94	7.37
MEDICAL	12	16		589.23	36.83	.006	49.10	.20
SURGERY	22	26		1,167.87	44.92	.009	53.09	.41
PATHOLOGY	73	282		3,759.54	13.33	.098	51.50	1.30
RADIOLOGY	32	38		2,650.32	69.75	.013	82.82	.92
ROOM USE	69	132		5,505.79	41.71	.046	79.79	1.91
CROSSOVERS/ALL OTH OUTPTNT	65	283		7,571.52	26.75	.098	116.48	2.63
@COUNTY HOSPITAL TOTAL	12	70	\$	2,473.58	\$ 35.34	.024	\$ 206.13	\$.86
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	70		2,473.58	35.34	.024	206.13	.86
MEDICAL	2	2		51.19	25.60	.001	25.60	.02
SURGERY	3	5		190.35	38.07	.002	63.45	.07
PATHOLOGY	7	37		919.76	24.86	.013	131.39	.32
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	6	14		1,050.49	75.04	.005	175.08	.36
CROSSOVERS/ALL OTH OUTPTNT	8	12		261.79	21.82	.004	32.72	.09

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SONOMA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,883 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	142	869	\$	248,276.07	\$ 285.70	.301	\$ 1748.42	\$ 86.12
COMM HOSP INPATIENT TOTAL	33	162		229,505.38	1416.70	.056	6954.71	79.61
HSC HOSPITALS	2	40		72,000.00	1800.00	.014	36000.00	24.97
NON-HSC HOSPITALS TOTAL	32	122		157,505.38	1291.03	.042	4922.04	54.63
ACCOMMODATIONS	32	122		74,979.32	614.58	.042	2343.10	26.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	32	122		74,979.32	614.58	.042	2343.10	26.01
ANCILLARIES	32	0		82,526.06	.00	.000	2578.94	28.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	120	707		18,770.69	26.55	.245	156.42	6.51
MEDICAL	10	14		538.04	38.43	.005	53.80	.19
SURGERY	19	21		977.52	46.55	.007	51.45	.34
PATHOLOGY	66	245		2,839.78	11.59	.085	43.03	.99
RADIOLOGY	32	38		2,650.32	69.75	.013	82.82	.92
ROOM USE	63	118		4,455.30	37.76	.041	70.72	1.55
CROSSOVERS/ALL OTH OUTPTNT	57	271		7,309.73	26.97	.094	128.24	2.54
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	118	268	\$	5,932.35	\$ 22.14	.093	\$ 50.27	\$ 2.06
PATHOLOGY	118	268		5,932.35	22.14	.093	50.27	2.06
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	275	1,251	\$	49,923.43	\$ 39.91	.434	\$ 181.54	\$ 17.32
CLINIC	235	1,136		41,331.69	36.38	.394	175.88	14.34
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	3	34		370.47	10.90	.012	123.49	.13
RURAL HEALTH CLINIC	37	81		8,221.27	101.50	.028	222.20	2.85

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,883 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	81	\$	7,813.47	\$ 96.46	.028	\$ 339.72	\$ 2.71
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	61		3,169.78	51.96	.021	1056.59	1.10
AMBULANCES/AIR TRANS	3	60		1,369.78	22.83	.021	456.59	.48
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.62
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,622.00	95.41	.006	95.41	.56

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3		3,021.69	1007.23	.001	1007.23	1.05
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	76	\$	77,820.48	\$ 1023.95	.026	\$ 15564.10	\$ 26.99
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,885
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 14,886
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 14,887
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 14,888

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,889
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N

471 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	225	2,156	\$ 77,153.22	\$ 35.79	4.577	\$ 342.90	\$ 163.81
@PHYSICIANS SERVICES	70	136	\$ 4,942.17	\$ 36.34	.289	\$ 70.60	\$ 10.49
OUTPATIENT VISITS	43	61	2,320.92	38.05	.130	53.97	4.93
OFFICE VISITS	33	43	1,444.76	33.60	.091	43.78	3.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18	876.16	48.68	.038	54.76	1.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	198.39	39.68	.011	39.68	.42
EXAMINATIONS	5	5	198.39	39.68	.011	39.68	.42
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	7	897.86	128.27	.015	149.64	1.91
PRINCIPAL SURGEON	6	7	897.86	128.27	.015	149.64	1.91

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	11		458.71	41.70	.023	91.74	.97
RADIOLOGY	12	14		257.21	18.37	.030	21.43	.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	13		274.90	21.15	.028	30.54	.58
OTHER SERVICES/ALL X-OVERS	10	25		534.18	21.37	.053	53.42	1.13
@PHARMACY	148	1,044	\$	50,878.19	\$ 48.73	2.217	\$ 343.77	\$ 108.02
PRESCRIPTION DRUGS	148	602		48,659.97	80.83	1.278	328.78	103.31
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	148	602		48,659.97	80.83	1.278	328.78	103.31
MEDICAL SUPPLIES	15	442		2,218.22	5.02	.938	147.88	4.71
@DENTIST	16	64	\$	3,138.19	\$ 49.03	.136	\$ 196.14	\$ 6.66
VISITS - DIAGNOSTIC	12	45		610.94	13.58	.096	50.91	1.30
ORAL SURGERY	1	2		92.25	46.13	.004	92.25	.20
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	10		495.00	49.50	.021	165.00	1.05
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	7		1,940.00	277.14	.015	485.00	4.12
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,890
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

471 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	14	\$ 387.21	\$ 27.66	.030	\$ 64.54	\$.82
DIAGNOSTIC AND ANC. PROCED	4	5	211.94	42.39	.011	52.99	.45
EYE APPLIANCES	4	9	175.27	19.47	.019	43.82	.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	8	9	\$ 150.48	\$ 16.72	.019	\$ 18.81	\$.32
VISITS	8	9	150.48	16.72	.019	18.81	.32
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	7	\$ 183.62	\$ 26.23	.015	\$ 45.91	\$.39
MEDICINE/INJECTIONS	4	5	136.60	27.32	.011	34.15	.29
SURGERY/ANES.	1	2	47.02	23.51	.004	47.02	.10
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	55	281	\$ 7,954.37	\$ 28.31	.597	\$ 144.62	\$ 16.89
HOSP INPATIENT TOTAL	1	1	1,154.93	1154.93	.002	1154.93	2.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	1,154.93	1154.93	.002	1154.93	2.45
ACCOMMODATIONS	1	1	597.78	597.78	.002	597.78	1.27

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	597.78	597.78	.002	597.78	1.27
ANCILLARIES	1	0	557.15	.00	.000	557.15	1.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	55	280	6,799.44	24.28	.594	123.63	14.44
MEDICAL	25	42	1,433.53	34.13	.089	57.34	3.04
SURGERY	5	5	142.77	28.55	.011	28.55	.30
PATHOLOGY	24	130	1,359.46	10.46	.276	56.64	2.89
RADIOLOGY	12	14	984.62	70.33	.030	82.05	2.09
ROOM USE	37	56	2,062.98	36.84	.119	55.76	4.38
CROSSOVERS/ALL OTH OUTPTNT	17	33	816.08	24.73	.070	48.00	1.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,891

471 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55	281	\$ 7,954.37	\$ 28.31	.597	\$ 144.62	\$ 16.89
COMM HOSP INPATIENT TOTAL	1	1	1,154.93	1154.93	.002	1154.93	2.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	1,154.93	1154.93	.002	1154.93	2.45
ACCOMMODATIONS	1	1	597.78	597.78	.002	597.78	1.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	597.78	597.78	.002	597.78	1.27
ANCILLARIES	1	0	557.15	.00	.000	557.15	1.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	55	280	6,799.44	24.28	.594	123.63	14.44
MEDICAL	25	42	1,433.53	34.13	.089	57.34	3.04
SURGERY	5	5	142.77	28.55	.011	28.55	.30
PATHOLOGY	24	130	1,359.46	10.46	.276	56.64	2.89
RADIOLOGY	12	14	984.62	70.33	.030	82.05	2.09
ROOM USE	37	56	2,062.98	36.84	.119	55.76	4.38
CROSSOVERS/ALL OTH OUTPTNT	17	33	816.08	24.73	.070	48.00	1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	113	\$ 1,319.14	\$ 11.67	.240	\$ 329.79	\$ 2.80
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	113	1,319.14	11.67	.240	329.79	2.80
@LABORATORY FACILITY	22	47	\$ 734.75	\$ 15.63	.100	\$ 33.40	\$ 1.56
PATHOLOGY	22	47	734.75	15.63	.100	33.40	1.56
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	58	\$ 4,913.55	\$ 84.72	.123	\$ 181.98	\$ 10.43
CLINIC	2	16	243.33	15.21	.034	121.67	.52
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	42	4,670.22	111.20	.089	186.81	9.92

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	383	\$	2,551.55	\$ 6.66	.813	\$ 98.14	\$ 5.42
DURABLE MED. EQUIP.	3	4		154.12	38.53	.008	51.37	.33
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	72		1,027.29	14.27	.153	128.41	2.18
AMBULANCES/AIR TRANS	6	67		873.34	13.03	.142	145.56	1.85
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	5		153.95	30.79	.011	76.98	.33
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.002	105.00	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	12		146.06	12.17	.025	29.21	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7		631.31	90.19	.015	631.31	1.34
PROSTHETICS	1	7		631.31	90.19	.015	631.31	1.34
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2		99.07	49.54	.004	49.54	.21
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	35		260.03	7.43	.074	52.01	.55
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	250		128.67	.51	.531	128.67	.27
@CALIF. CHILDREN SERVICES*	12	157	\$	7,412.09	\$ 47.21	.333	\$ 617.67	\$ 15.74
@XOVER EXCLUDING STATE HOSP**	8	20	\$	646.09	\$ 32.30	.042	\$ 80.76	\$ 1.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,893
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

457,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	254,482	4,158,574	\$ 297,381,070.23	\$ 71.51	9.083	\$ 1168.57	\$ 649.54
@PHYSICIANS SERVICES	62,459	189,786	\$ 8,424,511.34	\$ 44.39	.415	\$ 134.88	\$ 18.40
OUTPATIENT VISITS	32,264	45,735	1,641,094.06	35.88	.100	50.86	3.58
OFFICE VISITS	19,587	26,207	798,374.22	30.46	.057	40.76	1.74
HOME VISITS	118	168	9,093.24	54.13	.000	77.06	.02
EMERGENCY ROOM	12,198	14,809	654,142.62	44.17	.032	53.63	1.43
PREVENTIVE CARE	473	481	18,629.93	38.73	.001	39.39	.04
OB VISITS/COMPRI PERI	1,182	3,614	141,236.09	39.08	.008	119.49	.31
OTHER OUTPATIENT	385	456	19,617.96	43.02	.001	50.96	.04
INPATIENT VISITS	4,522	18,324	1,163,876.70	63.52	.040	257.38	2.54
HOSPITAL VISITS	3,935	13,223	593,972.91	44.92	.029	150.95	1.30
CRITICAL CARE	618	3,652	525,138.48	143.79	.008	849.74	1.15
SNF/ICF/TRANS IP CARE	396	1,449	44,765.31	30.89	.003	113.04	.10
OPHTHALMOLOGICAL SERVICES	978	1,133	51,073.88	45.08	.002	52.22	.11
EXAMINATIONS	949	1,104	50,728.99	45.95	.002	53.46	.11
SERVICES AND MATERIALS	29	29	344.89	11.89	.000	11.89	.00

INPATIENT HOSPITAL SURGERY	3,678	17,855		1,717,739.83		96.20	.039	467.03	3.75
PRINCIPAL SURGEON	2,469	2,958		1,368,130.38		462.52	.006	554.12	2.99
ASSISTANT SURGEON	276	293		51,709.85		176.48	.001	187.35	.11
ANESTHESIOLOGIST	1,420	14,604		297,899.60		20.40	.032	209.79	.65
OUTPATIENT SURGERY	4,149	10,767		758,925.68		70.49	.024	182.92	1.66
PRINCIPAL SURGEON	3,303	4,356		606,355.57		139.20	.010	183.58	1.32
ASSISTANT SURGEON	42	42		4,290.51		102.16	.000	102.16	.01
ANESTHESIOLOGIST	1,051	6,369		148,279.60		23.28	.014	141.08	.32
DIALYSIS	220	534		65,663.91		122.97	.001	298.47	.14
PATHOLOGY	5,453	10,080		163,352.91		16.21	.022	29.96	.36
RADIOLOGY	13,588	21,642		818,384.42		37.81	.047	60.23	1.79
PSYCHIATRY	17	20		592.55		29.63	.000	34.86	.00
IMMUNIZATION AND INJECTION	1,190	9,788		695,908.14		71.10	.021	584.80	1.52
OTHER SERVICES/ALL X-OVERS	16,807	53,908		1,347,899.26		25.00	.118	80.20	2.94
@PHARMACY	146,029	1,051,923	\$	40,814,324.12	\$	38.80	2.298	\$ 279.49	\$ 89.15
PRESCRIPTION DRUGS	144,312	526,298		39,392,241.21		74.85	1.150	272.97	86.04
SNF/ICF	10,327	63,134		3,895,496.04		61.70	.138	377.21	8.51
OUTPATIENTS	134,407	463,164		35,496,745.17		76.64	1.012	264.10	77.53
MEDICAL SUPPLIES	9,314	525,625		1,422,082.91		2.71	1.148	152.68	3.11
@DENTIST	21,044	90,754	\$	3,414,896.63	\$	37.63	.198	\$ 162.27	\$ 7.46
VISITS - DIAGNOSTIC	15,021	56,900		870,106.80		15.29	.124	57.93	1.90
ORAL SURGERY	2,852	7,066		402,325.81		56.94	.015	141.07	.88
DRUGS	127	149		2,217.72		14.88	.000	17.46	.00
ANESTHESIA	217	223		19,221.84		86.20	.000	88.58	.04
PERIODONTICS	621	789		126,894.00		160.83	.002	204.34	.28
ENDODONTICS	1,304	2,307		286,329.50		124.11	.005	219.58	.63
RESTORATIVE DENTISTRY	7,049	19,220		1,257,363.55		65.42	.042	178.37	2.75
PROSTHETICS	117	121		3,020.60		24.96	.000	25.82	.01
DENTURES, STAYPLATES	1,066	3,005		376,135.94		125.17	.007	352.85	.82
SPACE MAINTAINERS	139	170		18,251.51		107.36	.000	131.31	.04
MAXILLOFACIAL SERVICES	56	70		8,138.11		116.26	.000	145.32	.02
FRACTURES, DISLOCATIONS	5	6		4,590.00		765.00	.000	918.00	.01
ORTHODONTIC SERVICES	392	613		39,901.95		65.09	.001	101.79	.09
ALL OTHER SERVICES	84	115		399.30		3.47	.000	4.75	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PAGE 14,894 01/17/03

	457,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,132	15,009	\$	329,982.90	\$ 21.99	.033	\$ 64.30	\$.72
DIAGNOSTIC AND ANC. PROCED	2,461	2,542		115,670.24	45.50	.006	47.00	.25
EYE APPLIANCES	3,861	11,513		178,325.59	15.49	.025	46.19	.39
OTHER OPTOMETRIC SERVICES	689	954		35,987.07	37.72	.002	52.23	.08
@CHIROPRACTOR	621	1,236	\$	20,436.15	\$ 16.53	.003	\$ 32.91	\$.04
VISITS	596	1,198		19,861.27	16.58	.003	33.32	.04
OTHER SERVICES	26	38		574.88	15.13	.000	22.11	.00
@PODIATRIST	2,771	5,307	\$	53,459.46	\$ 10.07	.012	\$ 19.29	\$.12
MEDICINE/INJECTIONS	410	502		13,512.54	26.92	.001	32.96	.03
SURGERY/ANES.	107	167		5,195.96	31.11	.000	48.56	.01
RADIO./PATHOLOGY	36	49		904.78	18.46	.000	25.13	.00
OTHER	2,321	4,589		33,846.18	7.38	.010	14.58	.07
@HOME HEALTH AGENCY	1,280	45,642	\$	1,580,753.09	\$ 34.63	.100	\$ 1234.96	\$ 3.45
NURSE ANESTHESIST	17	145	\$	1,236.20	\$ 8.53	.000	\$ 72.72	\$.00
NURSE MIDWIFE	2,095	20,823	\$	519,753.50	\$ 24.96	.045	\$ 248.09	\$ 1.14
PEDIATRIC NURSE PRACTITIONER	1	1	\$	40.00	\$ 40.00	.000	\$ 40.00	\$.00

FAMILY NURSE PRACTITIONER	15	28	\$	646.79	\$	23.10	.000	\$	43.12	\$	.00
@TOTAL HOSPITAL	59,720	268,864	\$	44,767,434.03	\$	166.51	.587	\$	749.62	\$	97.78
HOSP INPATIENT TOTAL	5,326	29,739		37,992,446.21		1277.53	.065		7133.39		82.98
HSC HOSPITALS	398	3,054		4,633,691.32		1517.25	.007		11642.44		10.12
NON-HSC HOSPITAL TOTAL	3,853	18,188		32,393,336.03		1781.03	.040		8407.30		70.75
ACCOMMODATIONS	3,835	18,188		12,057,957.85		662.96	.040		3144.19		26.34
ADMINISTRATIVE DAYS	141	1,504		320,032.04		212.79	.003		2269.73		.70
TRANSITIONAL IP CARE	0	0		780.28		.00	.000		.00		.00
ALL OTHER ACCOM	3,761	16,684		11,737,145.53		703.50	.036		3120.75		25.64
ANCILLARIES	3,848	0		20,335,378.18		.00	.000		5284.66		44.42
INPATIENT CROSSOVERS	1,108	8,497		965,419.15		113.62	.019		871.32		2.11
ALL OTHER INPATIENT	2	0		.29CR		.00	.000		.15CR		.00
HOSP OUTPATIENT TOTAL	56,607	239,125		6,774,987.82		28.33	.522		119.68		14.80
MEDICAL	17,166	24,478		890,250.90		36.37	.053		51.86		1.94
SURGERY	4,178	5,153		224,853.05		43.64	.011		53.82		.49
PATHOLOGY	17,718	62,901		778,351.71		12.37	.137		43.93		1.70
RADIOLOGY	11,641	15,487		1,130,619.48		73.00	.034		97.12		2.47
ROOM USE	33,565	48,324		1,861,784.39		38.53	.106		55.47		4.07
CROSSOVERS/ALL OTH OUTPTNT	24,686	82,782		1,889,128.29		22.82	.181		76.53		4.13
@COUNTY HOSPITAL TOTAL	202	962	\$	155,733.75	\$	161.89	.002	\$	770.96	\$	.34
CO HOSPITAL INPATIENT TOTAL	22	117		132,499.17		1132.47	.000		6022.69		.29
HSC HOSPITALS	21	102		122,681.08		1202.76	.000		5841.96		.27
NON-HSC HOSPITALS TOTAL	1	4		9,006.09		2251.52	.000		9006.09		.02
ACCOMMODATIONS	1	4		5,107.59		1276.90	.000		5107.59		.01
ADMINISTRATIVE DAYS	0	0		292.41CR		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		5,400.00		1350.00	.000		5400.00		.01
ANCILLARIES	1	0		3,898.50		.00	.000		3898.50		.01
INPATIENT CROSSOVERS	1	11		812.00		73.82	.000		812.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	183	845		23,234.58		27.50	.002		126.96		.05
MEDICAL	52	73		2,633.93		36.08	.000		50.65		.01
SURGERY	39	56		1,758.95		31.41	.000		45.10		.00
PATHOLOGY	73	265		4,956.35		18.70	.001		67.90		.01
RADIOLOGY	20	44		2,131.48		48.44	.000		106.57		.00
ROOM USE	91	146		7,086.30		48.54	.000		77.87		.02
CROSSOVERS/ALL OTH OUTPTNT	101	261		4,667.57		17.88	.001		46.21		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

					----- MONTHLY AVERAGE -----			
457,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	59,555	267,902	\$ 44,611,700.28	\$ 166.52	.585	\$ 749.08	\$ 97.44	
COMM HOSP INPATIENT TOTAL	5,304	29,622	37,859,947.04	1278.10	.065	7138.00	82.69	
HSC HOSPITALS	377	2,952	4,511,010.24	1528.12	.006	11965.54	9.85	
NON-HSC HOSPITALS TOTAL	3,852	18,184	32,384,329.94	1780.92	.040	8407.15	70.73	
ACCOMMODATIONS	3,834	18,184	12,052,850.26	662.83	.040	3143.68	26.33	
ADMINISTRATIVE DAYS	141	1,504	320,324.45	212.98	.003	2271.80	.70	
TRANSITIONAL IP CARE	0	0	780.28	.00	.000	.00	.00	
ALL OTHER ACCOM	3,760	16,680	11,731,745.53	703.34	.036	3120.15	25.62	
ANCILLARIES	3,847	0	20,331,479.68	.00	.000	5285.02	44.41	
INPATIENT CROSSOVERS	1,107	8,486	964,607.15	113.67	.019	871.37	2.11	
ALL OTHER INPATIENT	2	0	.29CR	.00	.000	.15CR	.00	
COMM HOSP OUTPATIENT TOTAL	56,459	238,280	6,751,753.24	28.34	.520	119.59	14.75	
MEDICAL	17,118	24,405	887,616.97	36.37	.053	51.85	1.94	

SURGERY	4,139	5,097		223,094.10		43.77	.011	53.90	.49
PATHOLOGY	17,651	62,636		773,395.36		12.35	.137	43.82	1.69
RADIOLOGY	11,624	15,443		1,128,488.00		73.07	.034	97.08	2.46
ROOM USE	33,489	48,178		1,854,698.09		38.50	.105	55.38	4.05
CROSSOVERS/ALL OTH OUTPTNT	24,592	82,521		1,884,460.72		22.84	.180	76.63	4.12
@STATE HOSPITAL	10,091	321,706	\$	139,974,673.40	\$	435.10	.703	\$ 13871.24	\$ 305.73
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	10,091	321,706		139,974,673.40		435.10	.703	13871.24	305.73
@NURSING FACILITY	10,503	329,084	\$	32,440,888.85	\$	98.58	.719	\$ 3088.73	\$ 70.86
LEV A-INTERMEDIATE	7	266		25,763.82		96.86	.001	3680.55	.06
LEV B-REHAB MD	549	20,200		2,229,414.44		110.37	.044	4060.86	4.87
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	57	1,834		924,420.09		504.05	.004	16217.90	2.02
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	9,900	306,784		29,261,290.50		95.38	.670	2955.69	63.91
@INTERMEDIATE CARE FACIL.-DD	1,529	47,613	\$	7,144,193.18	\$	150.05	.104	\$ 4672.46	\$ 15.60
ICF DDH	1,076	33,760		4,537,584.06		134.41	.074	4217.09	9.91
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	454	13,853		2,606,609.12		188.16	.030	5741.43	5.69
@HEMODIALYSIS TOTAL	985	16,298	\$	1,053,982.17	\$	64.67	.036	\$ 1070.03	\$ 2.30
HOSPITAL BASED	6	153		61,952.40		404.92	.000	10325.40	.14
HEMODIALYSIS CENTER	979	16,145		992,029.77		61.45	.035	1013.31	2.17
@REHABILITATION FACILITY	495	8,864	\$	119,311.49	\$	13.46	.019	\$ 241.03	\$.26
HOSPITAL BASED	26	81		3,121.46		38.54	.000	120.06	.01
INDEPENDENT FACILITY	469	8,783		116,190.03		13.23	.019	247.74	.25
@LABORATORY FACILITY	18,029	54,709	\$	886,664.66	\$	16.21	.119	\$ 49.18	\$ 1.94
PATHOLOGY	17,999	54,653		885,923.62		16.21	.119	49.22	1.94
XO AND OTHERS	30	56		741.04		13.23	.000	24.70	.00
@ORGANIZED OUTPATIENT CLINIC	44,572	94,978	\$	7,592,905.82	\$	79.94	.207	\$ 170.35	\$ 16.58
CLINIC	6,230	25,076		730,081.99		29.11	.055	117.19	1.59
SURGICENTER	382	927		78,116.68		84.27	.002	204.49	.17
HEROIN DETOX CLINIC	74	1,040		12,449.59		11.97	.002	168.24	.03

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 SONOMA COUNTY

38,155 67,935 6,772,257.56
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

99.69 .148 177.49 14.79
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
457,833 ELIGIBLES							
@ALL OTHER PROVIDERS	31,819	1,595,802	\$ 8,240,917.49	\$ 5.16	3.486	\$ 258.99	\$ 18.00
DURABLE MED. EQUIP.	2,777	12,415	1,737,520.39	139.95	.027	625.68	3.80
BLOOD BANK	2	529	2,119.00	4.01	.001	1059.50	.00
HEARING AID DISPENSERS	252	414	71,324.84	172.28	.001	283.04	.16
MEDICAL TRANSPORTATION	5,484	187,252	1,157,315.36	6.18	.409	211.03	2.53
AMBULANCES/AIR TRANS	2,386	29,882	456,392.06	15.27	.065	191.28	1.00
OTHER TRANS	1,444	140,087	487,150.02	3.48	.306	337.36	1.06
OTHER SERVICES	1,846	17,283	213,773.28	12.37	.038	115.80	.47
ACUPUNCTURE	282	758	12,854.23	16.96	.002	45.58	.03
ADULT DAY HEALTH CARE CTR	537	5,861	389,841.43	66.51	.013	725.96	.85
GENETIC DISEASE TESTING	1,785	1,801	146,238.50	81.20	.004	81.93	.32
IHMC,MODEL-NF,NF,AIDS,MSSP	2,282	44,764	1,853,909.16	41.42	.098	812.41	4.05
OCCUPATIONAL THERAPIST	4	70	971.33	13.88	.000	242.83	.00
OPTICIAN	5,368	12,474	147,289.85	11.81	.027	27.44	.32
PHYSICAL THERAPIST	370	2,507	45,723.21	18.24	.005	123.58	.10
PORTABLE X-RAY	55	98	874.14	8.92	.000	15.89	.00
PROSTHETIST/ORTHOTISTS	532	1,536	184,071.92	119.84	.003	346.00	.40
PROSTHETICS	358	1,333	167,583.79	125.72	.003	468.11	.37
ORTHOTICS	191	203	16,488.13	81.22	.000	86.33	.04
PSYCHOLOGIST	363	881	22,868.34	25.96	.002	63.00	.05
SPEECH AND AUDIOLOGY	1,556	5,121	269,896.13	52.70	.011	173.46	.59
HOSPICE SERVICES	348	9,090	980,460.04	107.86	.020	2817.41	2.14
NONINST BIRTHING CENTERS	53	53	50,901.50	960.41	.000	960.41	.11
LOCAL EDUCATION AGENCIES	5,954	64,135	553,521.94	8.63	.140	92.97	1.21
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.000	285.24	.01
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,884	1,245,970	610,649.04	.49	2.721	88.71	1.33
@CALIF. CHILDREN SERVICES*	3,036	62,968	\$ 7,888,871.32	\$ 125.28	.138	\$ 2598.44	\$ 17.23
@XOVER EXCLUDING STATE HOSP**	26,861	688,759	\$ 4,173,461.24	\$ 6.06	1.504	\$ 155.37	\$ 9.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.